Claim Reimbursement Request

Instructions for Completing this Form and Submitting Your Claim

MVP Health Care

If you are not a Medicare plan member, be sure to submit ***both*** pages of the claim form.

Non-Medicare Members Only: Please read and sign the **Assignment** and **Release** below.

Assignment. I hereby authorize payment to the hospital, physician, or dentist herein named. I understand I am financially responsible for charges not covered by this assignment.

Subscriber's Signature *Date*

Authorization to Release.
