

Please read and fill out the whole form.

1. This form must be filled out to process your reimbursement request. Please print clearly.
2. Include all supporting documentation (receipts, invoices, and so on) with this form.
3. Submit this completed form and your documents using **one** of these methods:

Mail to: ATTN: Medicare Member Services
200 Oceangate
Suite 100
Long Beach, CA 90802

Fax to: (310) 507-6186

Send through: The MyMolina.com secure message center. Fill out message details, attach files and click "Send."

4. If you have any questions or concerns, please call Senior Whole Health Member Services at (888) 794-7268 (TTY: 711) Monday-Friday, 8 a.m.-8 p.m. local time.

Member information:

Member name: _____

Member ID number: _____

Date of birth: _____ Phone number: _____

Mailing address (include city, state and ZIP): _____

Physical address (if different than your mailing): _____

Product or service information:

Product/service:	Request description/ notes:	Vendor/provider:	Date of service/purchase:	Amount requested:

Disclaimers

Senior Whole Health is a DSNP and HMO plan with a Medicare contract. DSNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

Senior Whole Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.