

Reimbursement form  
Get paid back for covered care

PROVIDE YOUR PERSONAL INFORMATION

First and last name:

Philip Rice

Birth date (mm/dd/yyyy):

04 25 1953

Member ID number:

D59YZR

TELL US ABOUT WHAT YOU PAID FOR

Service or item:

Doctor Visit

Date when you paid:

7/31/24

How much you paid:

\$ 112.50

Type of purchase:  Covered healthcare  Dental care  Eyewear  Wellness Bucks

Other \_\_\_\_\_

Service or item:

Date when you paid:

How much you paid:

Type of purchase:  Covered healthcare  Dental care  Eyewear  Wellness Bucks

Other \_\_\_\_\_

Service or item:

Date when you paid:

How much you paid:

Type of purchase:  Covered healthcare  Dental care  Eyewear  Wellness Bucks

Other \_\_\_\_\_

SIGN THE FORM

Your signature:

Philip Rice

Today's date (mm/dd/yyyy):

8.1.24

Don't forget to attach your supporting documents! See next page for details.

8/01/24

Devoted Health  
Member Reimbursements  
Box 211037  
Eagan, MN 55121

re: Reflect Doctor Visit

I visited my Reflect doctor on 07/18/24. I paid \$112.50 with a credit card, over the phone, on 7/31/24.



Philip Rice  
11268 E Linvale Dr  
Aurora, CO 80014

D5SYZR  
dob = 04/25/1953

C:\Temp\reflect  
reflect\_04.txt

# REFLECT HEALTH, LLC

printed 07/31/2024 12:05 PM

REFLECT HEALTH, LLC  
 PO BOX 32313  
 BELFAST, ME 04915-0210  
 billing phone: (303) 357-2559

<b>GUARANTOR NAME AND ADDRESS</b>	<b>PATIENT #</b>	<b>PATIENT NAME</b>
PHILIP G RICE 11268 E LINVALE DR AURORA, CO 80014-3071	1066478	PHILIP G RICE
	<b>DOB</b>	<b>HOME TELEPHONE</b>
	04/25/1953	(214) 666-4321

## Billing Summary

Claim ID	Procedure	Diagnosis	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
<b>Claim ID <a href="#">1486372</a></b>											
<a href="#">1486372</a>	99213	M5450, G8929	07/18/2024	07/22/2024	<b>CHARGE</b>	99213	PATIENT	MATTHEW DHIEUX			\$150.00
<a href="#">1486372</a>	99213	M5450, G8929	07/18/2024	07/22/2024	ADJUSTMENT	CONTRACTUAL	PATIENT	MATTHEW DHIEUX			\$-37.50
<a href="#">1486372</a>	99213	M5450, G8929	07/18/2024	07/31/2024	PAYMENT	MC/VISA *****1189	PATIENT	MATTHEW DHIEUX			\$-112.50
<b>OUTSTANDING</b>									<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL CHARGE OUTSTANDING AS OF 07/31/2024</b>									<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



GATEWAY  
 2500 S ABILENE ST  
 AURORA, CO 80014-9998  
 (800)275-8777

08/01/2024 10:01 AM

Product	Qty	Unit Price	Price
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First-Class Mail® Letter	1		\$0.73
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Saint Paul, MN 55121  
 Weight: 0 lb 0.70 oz  
 Estimated Delivery Date  
 Mon 08/05/2024

Certified Mail®			\$4.85
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Tracking #: 9589 0710 5270 1335 2896 48

Total			\$5.58
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Garden Delights	2	\$14.60	\$29.20
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Grand Total:			\$34.78
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Credit Card Remit			\$34.78
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Card Name: VISA  
 Account #: XXXXXXXXXXXX1189  
 Approval #: 001979  
 Transaction #: 143  
 AID: A0000000031010 Chip  
 AL: Visa Credit  
 PIN: Not Required

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit [www.usps.com](http://www.usps.com) USPS Tracking or call 1-800-222-1811.

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

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 Track your Packages  
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<https://informedelivery.usps.com>

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: <https://postalexperience.com/Pos> or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 070494-0118  
 Receipt #: 840-58000007-2-10284143-2  
 Clerk: 11

9589 0710 5270 1335 2896 48

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
Saint Paul, MN 55121	
Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.73
Total Postage and Fees	\$5.58
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

OFFICIAL USE  
 0118 11  
 GATEWAY STATION  
 Postmark Here  
 AUG - 1 2024  
 08/01/2024  
 COLORADO