

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:

D5SYZR

TELL US ABOUT WHAT YOU PAID FOR

Service or item:

Doctor

Date when you paid:

02 06 2024

How much you paid:

112.50

Type of purchase: Covered healthcare Dental care Eyewear Wellness Bucks

Other _____

Service or item:

Doctor

Date when you paid:

02 06 2024

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):

02 08 2024

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

Reflect Health

7720 S Broadway
Suite 310
LITTLETON, CO, 80122-2624
(303) 584-5844

Approval code: 006310
Record number: 982562
Trace number: 308053
Transaction reference number: 206205716 CHIP
Transaction identifier: 304037754362067
Application Label: Visa Credit
TC: A5A0E7BA2F5A6B20
TVR: 0080008000
AID: A0000000031010

Transaction type: PURCHASE
Date/time: 02/06/2024 01:57 PM MST
Type: Visa
Account number: XXXXXXXXXXXXXXX1189
Cardholder name: PHILIP G RICE
Patient identifier: 1066478

Subtotal: 112.50
Sales Tax: 0.00

Total: 112.50

(customer copy)

REFLECT HEALTH, LLC

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

department of service:
Reflect Health
7720 S BROADWAY
LITTLETON, CO 80122-2624
dept phone: (303) 584-5844

printed
02/06/2024 01:57
PM

GUARANTOR NAME AND ADDRESS
PHILIP G RICE
11268 E LINVALE DR
AURORA, CO 80014

PATIENT # PATIENT NAME
1066478 PHILIP G RICE

PROVIDER DATE DEPARTMENT
MATTHEW DHIEUX, 02/06/2024 Reflect
PA Health

DOB. TELEPHONE
04/25/1953 (214) 666-4321

CURRENT INSURANCE CERTIFICATE# AUTH#
SELF PAY

PAYMENTS ON 02/06/2024

Post Date	Date of Service	Diagnosis Codes	Procedure Code	Original Insurance Plan	Supervising Provider	Reason For Payment	Method of Payment	Amount
02/06/2024				*SELF PAY* [0]		Payment for Todays Service	MC/VISA *****1189	\$112.50

Total Payment Amount

\$112.50