

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:

D58YZR

TELL US ABOUT WHAT YOU PAID FOR

Service or item:

Doctor

Date when you paid:

4/30/24

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):

5/11/24

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:	030515	Transaction type:	PURCHASE
Record number:	1032616	Date/time:	04/30/2024 02:15 PM MDT
Trace number:	616582	Type:	Visa
Transaction reference number:	430201511 CHIP	Account number:	XXXXXXXXXXXX1189
Transaction identifier:	384121729117121	Cardholder name:	PHILIP G RICE
Application Label:	Visa Credit	Patient identifier:	1066478
TC:	F836C8C65B2351D5		
TVR:	0080008000		
AID:	A0000000031010		

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
04/30/2024 02:15
PM

GUARANTOR NAME AND ADDRESS
PHILIP G RICE
11268 E LINVALE DR
AURORA, CO 80014-3071

PATIENT #	PATIENT NAME	PROVIDER	DATE	DEPARTMENT
1066478	PHILIP G RICE	MATTHEW DHIEUX, PA	04/30/2024	Reflect Health
DOB.	TELEPHONE	CURRENT INSURANCE	CERTIFICATE#	AUTH#
04/25/1953	(214) 666-4321	*SELF PAY*		

PAYMENTS ON 04/30/2024

Post Date	Date of Service	Diagnosis Codes	Procedure Code	Original Insurance Plan	Supervising Provider	Reason For Payment	Method of Payment	Amount
04/30/2024				*SELF PAY* [0]		Payment for Todays Service	MC/VISA *****1189	\$112.50
Total Payment Amount							\$112.50	

Philip Rice
11268 E Linvale Dr
Aurora, CO 80014

Devoted Health
Member Reimbursements
Box 211037
Eagan, MN 55121

