NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services

MEMBER REIMBURSEMENT FORM

You can use this form if you have medical or pharmacy costs that you paid for yourself. It is possible that Nebraska Medicaid can reimburse you for these costs.

You can fill out and submit this form, and copies of the required documents, to find out if you are eligible for reimbursement. This form can also be submitted if your provider is unable to submit the expense information directly to Nebraska Medicaid.

Please print clearly and remember to sign and date this form before sending it to Nebraska Medicaid.

MEMBER INFORMATION

Medicaid ID Number (On your Medicaid Card)	Name	Date of Birth	
Street / Mailing Address	City	State	Zip Code
Phone Number	E-Mail Address		

EXPENSE INFORMATION

Name of the Provider(s) or Pharmacy(s)	Date(s) of Service	Total Amount Requesting Reimbursement For

Address of the Provider(s) or Pharmacy(s)

Description / Explanation of Claim(s) or Receipt(s). (Attach a separate document if additional room is needed, please also include receipts).

SIGNATURE

The above statements and attachments are true and complete to the best of my knowledge.

Signature	Date

Checklist of Required Documents

- Medical or Pharmacy Expense Receipt: Include a copy of your receipt for each medical or pharmacy expense. This receipt needs to include:
  - Name of patient
  - Provider of the service
  - Description of the services
  - Date(s) of service or date the prescription was filled
    - For pharmacy expenses, you will need to ask your pharmacist for your prescription history for the time you are eligible for reimbursement. You will need to provide a copy of the entire document in your reimbursement request.
  - Amount paid by the member for each service
  - Proof that the charges were paid

- State of Nebraska ACH W-9 Enrollment Form
  - https://dhhs.ne.gov/Pages/Medicaid-Reimbursement.aspx

Instructions

It may take up to 90 days for the department to process your payment request. Incomplete requests may take longer.

You can mail **a copy** of your reimbursement requests and necessary documents to the address listed below or fax them to 402-742-2692. Please keep the original documents for your records.

Medicaid Claims Unit
Division of Medicaid and Long-Term Care
Department of Health and Human Services
Attn: Member Reimbursement
P.O. Box 95026
Lincoln, NE 68509-5026

Reimbursement requests can also be submitted to DHHS.PHEIssueSupport@nebraska.gov.

Questions?

Call ACCESSNebraska Monday through Friday from 8:00 a.m. to 5:00 p.m. at:

- Lincoln: (402) 473-7000
- Omaha: (402) 595-1178
- Toll-Free: (855) 632-7633
- TDD: (402) 471-7256

Email:

DHHS.PHEIssueSupport@nebraska.gov