



PacificSource Community Health Plans
2965 NE Conners Avenue, Bend OR 97701
541.385.5315 888.863.3637
Medicare.PacificSource.com

Member Request for Medical Payment

MEMBER INFORMATION			
First Name	MI	Last Name	
Address	City	State	Zip
Date of Birth	Member ID Number (on your PacificSource Medicare ID card)		
CLAIM INFORMATION			
Date(s) of Service:			
Diagnosis code(s)/Reason for Visit:			
Procedure code(s)/Description of Service(s):			
Provider Name:			
Provider Address:			
Provider Phone Number:			
Provider Tax ID Number:			
Provider NPI Number:			

Instructions

1. Copy your original, itemized provider receipt. Retain original for your records.
(Receipt **must** contain date of service, charges, and receipt of payment.)
2. Submit this completed form along with the copy of your receipt and proof of payment to PacificSource Community Health Plans. Send to us, using one of the following:
 - **Email:** MedicareCS@PacificSource.com
 - **Standard Mail:**
PacificSource Medicare
Attn: Claims
PO Box 7469
Bend, OR 97708

Please note: Missing or incomplete information may delay the processing of your claim.

Questions?

Chat with us through our secure member portal, InTouch for Members. Sign in or create your account at [Medicare.PacificSource.com/InTouch](https://www.Medicare.PacificSource.com/InTouch). Click the chat icon in the lower right corner for help from our Customer Service team.

You can also reach us by phone at 888-863-3637, TTY: 711. We accept all relay calls.

We are open:

October 1 to March 31: 8:00 a.m. to 8:00 p.m. local time zone, seven days a week.

April 1 to September 30: 8:00 a.m. to 8:00 p.m. local time zone, Monday – Friday.

Sincerely,

Claims Team

PacificSource Community Health Plans

PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal.

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-863-3637, TTY: 711. Aceptamos todas las llamadas de retransmisión.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-863-3637，TTY: 711。我们会接听所有的转接来电。