



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			
Describe the illness or injury that you received services for:			
Was this related to an auto accident? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
Was this a work related injury? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
*If you answered "yes" to either of the questions above, please provide:			
Name of Other Insurance: _____			
Policy Number _____			
Member's Signature			Date

Please remember to:

- Send original receipts **with:**
 - **Date of service, charges, and receipt of payment.**
- Sign and mail to:**

PacificSource Medicare
 Attn: Claims
 PO Box 7469 Bend, OR 97708

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. 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: (800) 735-2900.

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: (800) 735-2900。