



## Out-of-pocket Expense Credit Instructions

This form is used for Premier Network EPO Bronze | Silver | Gold members to request credit for eligible medical care you have already received and made a payment directly to a provider, who will not file an insurance claim.

### **What is an out-of-pocket expense credit?**

When you utilize insurance to cover health care expenses, the amount you pay contributes to your deductible and/or out-of-pocket maximum. However, a recent Texas law allows you to receive a credit called an out-of-pocket expense credit. You can use this credit toward your in-network deductible or out-of-pocket maximum for health care costs in specific situations.

### **This benefit applies when you directly pay the provider without involving your insurance.**

Essentially, this ensures that all your covered medical expenses count toward your in-network deductible and out-of-pocket maximum, even when insurance isn't utilized.

### **Can I use this form?**

If you have an Individual/Family, Student, or Group PPO health plan regulated by the Texas Department of Insurance (TDI)\*, you might be eligible to submit a claim for the PPO out-of-pocket expense credit.

### **All of the following must be true in order to use this form:**

- You paid a provider for a service that's covered by your health plan.
- The provider has not submitted a claim, and does not plan to submit a claim, to Ambetter from Superior HealthPlan for the same service.
- The amount you paid the provider is less than the average discounted rate that Ambetter Health normally pays a provider who is in your plan's network for the service.

### **How do I use this form?**

#### **Your Responsibilities:**

- Log in to your [Online Member Account](#).
- Review **our cost comparison tool** for the service in question.
- Visit a provider and agree on a cost with them for your care.
- Submit a completed form with these required items:

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- An itemized receipt
- Proof of payment, such as a credit card statement

**Our Responsibilities:**

- Review your form and check the amount you paid. The amount you paid should be less than the average discounted rate we would pay a provider who is in your plan's network for the same service.
- Credit your in-network deductible and out-of-pocket maximum, if needed.

**Mail the completed form with the required items above to:**

Ambetter from Superior HealthPlan  
Advocate Out of Pocket Credit  
P.O. Box 5010  
Farmington, MO 63640-5010

**Questions?**

For help with this form, please call Member Services at 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989) from 8 a.m. to 8 p.m. local time, Monday through Friday.

*\*Look for the TDI symbol on your ID card to see if this applies to you.*

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