

OUT OF POCKET EXPENSE REIMBURSEMENT CLAIM FORM FOR INSURE OKLAHOMA/O-EPIC

Instructions

- 1) **Please PRINT or TYPE.** Use only BLUE or BLACK ink to complete this form. Failure to provide complete, accurate information will result in a non-paid expense(s). Remember to make copies of the documents you are submitting for your own record.
For additional assistance or information, call our helpline at **1-888-365-3742** or visit our website at www.insureoklahoma.org. For the hearing impaired, call **(405) 416-6848** (TDD/TTY).
- 2) You **MUST** attach original documentation (Explanation of Benefits (EOB) or paid receipt) for each expense listed below. A cash register receipt is **not** acceptable. For a complete list of acceptable documentation see the informational packet.
- 3) All claim forms must be received no later than 90 days after the end of the applicant's eligibility period.
- 4) **Mail to: Insure Oklahoma/O-EPIC, P.O. Box 54200, Oklahoma City, OK 73154-1200**

Applicant Information

Name: Last: _____ First: _____ M.I.: _____
 SSN: _____ - _____ - _____ Daytime Phone Number: (_____) _____
 Address: _____ City: _____ State: _____
 Employer Name: _____

List only the expenses incurred by the applicant and eligible Insure Oklahoma/ O-EPIC household member(s).
(Attach additional page if necessary)

Date of Services (mm/dd/yyyy)	Person for Whom Expense Was Incurred		Expense Description	Expense Amount
	Name (Last, First, M.I.)	Social Security Number		
Total Requested				\$

The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the State of Oklahoma for any payments or claims incurred which were paid due to my fraud or error. (28 USC 1746)

Signature: _____ **Today's Date:** _____