Out-of-pocket Expense Credit Instructions

This form is used for Premier Network 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 Indiana 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 Ambetter Health plan regulated by the Indiana Department of Insurance (IDOI), you might be eligible to submit a claim for the 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 Health 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 the IN all-payer claims database 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:
  - 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 Health
Advocate Out of Pocket Credit
P.O. Box 5010
Farmington, MO 63640-5010

Questions?

For help with this form, please call Member Services at 1-877-687-1182 (TTY: 1-800-743-3333) from 8 a.m. to 8 p.m. local time, Monday through Friday.