



CalPERS Gold and Platinum Basic PPO Reimbursement Request Form

Email completed claim form, itemized statement, and receipts to CalPERSClaims@blueshieldca.com. For assistance completing this form, call Included Health at (855) 633-4436. This form is to be used only when the provider of service does not submit your claim directly to Blue Shield. Duplicate claim submissions are not permitted.

Important instructions

- Only applicable to CalPERS Gold and Platinum Basic PPO members.
- Use a separate form for:
 - Each member of the family.
 - Each different provider of service.
 - Each itemized bill.
- Print or type your responses in the spaces below and submit with receipts.
- Fill in all items completely. All fields are required.
- Sign your name in the space provided.
- **Errors on this form may result in your claim being delayed or denied.**

Member/patient information

This service is for:

☐ In-person doula ☐ Childbirth classes ☐ Other:

First name

Last name

Member ID number

Date of birth

Gender

☐ Male ☐ Non-binary
☐ Female ☐ Other

Street address

Is address new?

☐ Yes ☐ No

City

State

ZIP code

Describe briefly patient's condition, illness, or injury and, if injury, how it occurred. Attach additional pages if needed.

Patient was treated for

☐ Injury ☐ Illness
☐ Pregnancy

Date of injury, onset of illness, or pregnancy

Is patient retired?

☐ Yes ☐ No

If yes, effective date

Does patient have other health coverage?

☐ Yes ☐ No

If yes, policy ID number

Name of insuring company

Effective date

Address of insuring company

Type of plan

☐ Group ☐ Individual

Name of policyholder

Gender

☐ Male ☐ Non-binary
☐ Female ☐ Other

Date of birth

Name of employer

Was condition related to employment?

☐ Yes ☐ No

Member or legal guardian signature

By submitting this form, I am certifying that the above information and accompanying receipts are accurate and true. I authorize the release of any medical information necessary to process this claim.

Signature (written or typed)

Date

Print name

Relation to member