VENTURA COUNTY
HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

Reimbursement Claim Form

Instructions:

1. Complete sections 1 – 4 (one form per member) and sign and date the employee signature line.
2. Attach the provider's itemized statement of charges (including procedure codes and description of services) and your payment receipt to this form.
3. Email, Fax, or Mail this completed form and the attachments to:

Ventura County Health Care Plan
c/o Care Reimbursements
2220 E. Gonzales Road, Suite 210-B, Oxnard, CA 93036
Fax: 805-981-5051 Email: VCHCP.Memberservices@ventura.org

1. Employee (Subscriber) Information:

Name:_____ Member ID Number:_____
(First) (Middle) (Last)

Home Phone:_____ Work Phone:_____

2. Patient Information:

Name:_____
(First) (Middle) (Last)

Address:_____ City:_____ State:_____ Zip:_____

3. Type of Service Performed (Please select one of the following)

- ☐ Annual Vision Exam
- ☐ Chiropractic/Acupuncture
- ☐ Alternative Care
- ☐ Other:_____

4. Provider Information:

Provider Name:_____ Phone #:_____

Address:_____ City:_____ State:_____ Zip:_____

Date(s) of Service:_____ Cost of Service: $_____

Number of Visits (if applicable):_____

The undersigned, under the penalty of perjury, states: That the above claim and the items therein set out are true and correct; that no part thereof has heretofore been paid to me, and that the amount therein is justly due, and that the same is presented within **180 days** after the date of service. *Failure to submit this request within 180 days after the date of service will result in a denial for reimbursement.*

_____ _____
Employee Signature **Date**

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Dee Pupa
Deputy Director Managed Care
Health Care Plan Administrator

Member Notice
Language Assistance Services

English	ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-600-8247 (TTY: 1-800-735-2929).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-600-8247 (TTY: 1-800-735-2929).
Chinese	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 1-800-600-8247（TTY：1-800-735-2929）。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-600-8247 (TTY: 1-800-735-2929).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-600-8247 (TTY: 1-800-735-2929).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-600-8247 (TTY: 1-800-735-2929)번으로 전화해 주십시오.
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-600-8247 (TTY (հեռատիպ)՝ 1-800-735-2929):
Persian (Farsi)	**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-600-8247 (TTY: 1-800-735-2929) تماس بگیرید.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-600-8247 (телетайп: 1-800-735-2929).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-600-8247（TTY:1-800-735-2929）まで、お電話にてご連絡ください。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-600-8247 (رقم هاتف الصم والبكم: 1-800-735-2929).
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-600-8247 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।
Mon-Khmer, Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-600-8247 (TTY: 1-800-735-2929)។
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-600-8247 (TTY: 1-800-735-2929).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-600-8247 (TTY: 1-800-735-2929) पर कॉल करें।
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-600-8247 (TTY: 1-800-735-2929).

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CHIROPRACTIC AND ACUPUNCTURE DISCOUNT FOR VCHCP MEMBERS AND FAMILY

For further information, contact the provider directly. The County does not endorse or assume responsibility for any of the providers listed.

DISCOUNTS MAY CHANGE WITHOUT NOTICE AND FOR SOME PROVIDERS MAY NOT APPLY IF THE MEMBER HAS OTHER COVERAGE

City	Provider	Phone #	Discount description
Camarillo	**Aylor Chiropractic James A. Aylor, D.C.**	805-987-1800	20% discount on examination, adjustments and physical therapy
	Stanley D. Jensen, D.C.	805-484-1990	20% discount on x-rays. Examinations, adjustment and physical therapy, (Cash rate = 50% Discount)
	Adam Story, D.C.	805-389-0325	First Visit: $50 (Normally $100) Follow up Visits: $45 (Normally $65)
Oxnard	**Classic Chiropractic Ken Plaut, D.C.**	805-983-6267	40% discount on package (which includes exam, adjustment, and a set of x-rays) Adjustment only - $40
	Danny Lai, D.C., LA.c	805-240-2640	15% discount
Port Hueneme	**Knight Chiropractic Health & Massage Roger H. Knight, D.C.**	805-984-1500	25% discount (Cash rate: New service=$65, Existing service=$45)
Simi Valley	**Wayne Press Chiropractic, Inc.**	805-527-7246	30% discount
Ventura	**Robert Cocain, D.C.**	805-644-5563	25% discount
	Debra Callahan, D.C.	805-644-5563	25% discount
	Harer Chiropractic Eric Mortensen, D.C.	805-650-5929	$55 All inclusive visit
	Lars E. Lundstrom	805-654-1432	30% discount and free consultation
	Logan Osland Chiropractic & Therapy Srvc.	805-644-4937	20% discount
	Lyans Chiropractic Center	805-644-4487	30% discount
	La Vie Acupuncture Clinic Alexandre Hillairet, D.A.O.M.	805-798-4018	25% discount
	Jan A. Sovich, O.M.D., LA.c	805-644-6969	20% discount off regular acupuncture fees
	Angela E. Sutter, D.C.	805-658-9999	20% discount
	The Joint Chiropractic	805-535-4460	Monday-Saturday, no appointment required. www.thejoint.com $29 single visit (30% discount off regular price of $39)
	Wilson Chiropractic & Sports Medicine Clinic Ralph R. Wilson, D.C.	805-643-4176	25% discount

Spinal X-rays ordered by your Chiropractor may be provided by VCMC Radiology Department at no cost to you.

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VISION DISCOUNT FOR VCHCP MEMBERS AND FAMILY

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DISCOUNTS MAY CHANGE WITHOUT NOTICE AND FOR SOME PROVIDERS MAY NOT APPLY IF THE MEMBER HAS OTHER COVERAGE

City	Provider	Phone #	Discount description
Fillmore	**Heritage Valley Eye Care**	805-524-2552	$89 exams 20% off new frames and lenses 20% off contact lens service
Oxnard	**Phyllis Quintana, OD**	805-487-0609	20% off exams 20% off frames and lenses 20% off contact lens service
	William Shaffer, OD	805-487-6363	Eye Exam= $50 $10 contact lens fitting 40% off frames up to $140, then 20% off balance
Santa Paula	**Heritage Valley Eye Care**	805-525-6603	$89 exams 20% off new frames and lenses 20% off contact lens service
Simi Valley	**Maurice Feldman, OD**	805-526-0842	20% off exams 20% off frames and lenses 20% off contact lens service
Ventura	**Richard Blue, OD**	805-642-3247	20% off frames and lenses
	Ventura Optometric Vision Center	805-650-9922	20% off exams 20% off frames and lenses
	Dan Clower, OD	805-656-2020	20% off exams 20% off frames and lenses 20% off contact lens service
	Gary M. Frick, OD	805-647-4950	20% off exams
	Family Vision Center **Stuart W. Heller, OD** **Gary Lax, OD** **Gary Strickland, OD**	805-642-4185	$99 complete exam including a refraction 20% off new frame and lenses 10% off lenses only when using your own frame
	Two Trees Optometry **Kristopher Skromme, OD**	805-650-2020	20% off exams 20% off frames and lenses