

Health Discount Program

Minimum Discount Guarantee

Refund Request Form Note: Before submitting this form, please make sure you have met the following requirements:

- For network practitioners and facilities, you must have confirmed your discounted rate before your visit, either online or by telephone with our Customer Care Center.
- For Marketplace retailers, you must have followed the instructions on the Marketplace partner information page.
- You must show proof that you paid for the service or product in full and did not receive the discount you were entitled to. Purchases paid in part by insurance are not eligible. A receipt is required that shows the service or product purchased and payment rendered.

All requirements must be met to be eligible for a Minimum Discount Guarantee refund. Each request is individually assessed to determine whether it qualifies for a refund.

Note: The Minimum Discount Guarantee does not apply to long-term care or behavioral health facilities, prescription drugs or hospital services.

Member Information

Member Name _____ Member Number (or Subscriber ID and Group Number) _____
Street Address _____ City, State, ZIP _____
Date of Birth _____ Phone Number _____ Email address _____

Provider or Facility Information

Name of Participating Practitioner/Facility/Marketplace Partner _____
Provider Street Address _____ City, State, ZIP _____
Provider Phone Number _____

Product(s) Purchased or Service(s) Purchased	Date of Service or Purchase	Doctor/Provider/Retailer Typical Price	Price You Paid

Please mail or fax this completed form, along with the following, to the address below:

- A copy of your receipt(s)
- A copy of your confirmation (available in the My Account section of the website or from Customer Care)

HealthAllies, Inc. Minimum Discount Guarantee MN103-0550, P.O. Box 1459, Minneapolis, MN 55414
Fax: 855-405-2193

If you have questions about the Minimum Discount Guarantee, please contact Customer Care at the toll-free number on your member ID card, if issued, or call 877-426-2559.

Comments:

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