



Reimbursement Claim Form

Instructions:

1. Complete sections 1 – 4 (one form per member) and sign and date the member 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. Patient Information:

Name: _____ Date of Birth: _____
 (First) (Middle) (Last)

Member ID #: _____ Email: _____

2. Employee (Subscriber) Information:

Name: _____ Employee # (Optional): _____
 (First) (Middle) (Last)

Home Phone: _____ Work Phone: _____ E-mail (Optional): _____

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

- 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): _____

Indicate here if the check should be issued to the patient rather than the subscriber.

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.*

Member Signature

Print Name

Date



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 | Stanley D. Jensen, D.C. | 805-484-1990 | 20% discount on x-rays. Examinations, adjustment and physical therapy |
| | Adam Story, D.C. | 805-389-0325 | First Visit: \$50 (Normally \$100) Follow up Visits: \$48 (Normally \$65) |
| Oxnard | 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-Sunday, no appointment required. www.thejoint.com \$29 initial 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.