MEMBER REIMBURSEMENT REQUEST FORM

MEMBER INFORMATION

Member name:	ID Number:

Name of member's personal representative or guardian (if applicable):

Address:

City:	State:	Phone:

DESCRIBE WHY YOU HAD TO PAY OUT OF POCKET AND THE SERVICE OR PRODUCT THAT WAS PROVIDED *(if needed, write on the back of this form or add another page)*

YOUR REQUEST CANNOT BE PROCESSED UNLESS THIS FORM IS COMPLETE.
Please include all itemized receipts or your request may be delayed.

MAIL TO
Colorado Access
Reimbursements
PO Box 17950
Denver, CO 80217-0580

To speak with someone directly, call 877-276-5184. TTY/TDD users call 888-803-4494.

If you need this document in large print, Braille, other formats, or languages, or read aloud, or need another copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Si necesita este documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010. Para TDD/TTY, llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.