



LEGAL FEE REIMBURSEMENT FORM

The Legal Fee Reimbursement* when executing qualified legal documents that include the establishment of decision-making authority for healthcare needs such as:

- Power of Attorney
- Will and Testament
- Advanced Healthcare Directive
- Living Trust

SUBMISSION INSTRUCTIONS

Your benefit maximum allowance reimbursement of \$200 per calendar year. To receive a reimbursement for fees, you must complete this form and include a **copy of your receipt**.

Reimbursement requests must be received by SCAN within your benefit period. Any remaining balance will be available for use during your SCAN membership for the remainder of the contract year. For your remaining balance amount, please contact SCAN Member Services at 1-800-559-3500 (TTY: 711).

PERSONAL INFORMATION

Member Identification Number:		Date of Birth (MM/DD/YYYY):
First Name:	Last Name:	Middle Initial:
Phone Number: ()		Email Address:
Street Address:		
City:	State:	Zip Code:

REIMBURSEMENT INFORMATION

Company Name:		Type of Service:
Street Address:		
City:	State:	Zip Code:
Date of Service (MM/DD/YYYY):		
Amount of Reimbursement Request:		
Additional Comments:		

I certify that the information provided is complete and accurate and that I have not previously submitted above the allowed amount for these services within this calendar year.

Member's Signature: _____ Date: _____

MAIL THIS FORM AND SUPPORTING DOCUMENTATION TO:

Please submit the required above information to one of the following *within the calendar year*.

By Mail:

P.O. Box 22616

Long Beach, CA 90801-5616

ATTN: Member Services

By Fax:

Fax Number: 1-562-989-5181

ATTN: Member Services

CONTACT INFORMATION

If you have any questions, please call your SCAN Member Services at: 1-800-559-3500 (TTY 711). Hours are 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m., Monday through Friday.

Y0057_SCAN_20398_2023_C IA 12162022

**Legal fee reimbursement is part of special supplemental program for the chronically ill offered under select SCAN plans. Not all members may qualify for reimbursement.*