

# Reimbursement Claim Form

**Instructions:**

1. Complete sections 1 – 4 and sign and date on 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. 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

**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)**

- |   |   |
|---|---|
| <input type="checkbox"/> Annual Vision Exam | <input type="checkbox"/> Chiropractic/Acupuncture |
| <input type="checkbox"/> Alternative Care   | <input type="checkbox"/> 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

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

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

## VISION DISCOUNT FOR VCHCP MEMBERS AND FAMILY

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<b>City</b>	<b>Provider</b>	<b>Phone #</b>	<b>Discount description</b>
<b>Fillmore</b>	<b>Heritage Valley Eye Care</b>	805-524-2552	10% off exams 20% off new frames and lenses 20% off contact lens service
<b>Oxnard</b>	<b>Phyllis Quintana, OD</b>	805-487-0609	20% off exams 20% off frames and lenses 20% off contact lens service
	<b>William Shaffer, OD</b>	805-487-6363	Eye Exam= \$50 \$10 contact lens fitting 40% off frames and 30% off all other materials
<b>Santa Paula</b>	<b>Heritage Valley Eye Care</b>	805-525-6603	10% off exams 20% off new frames and lenses 20% off contact lens service
<b>Simi Valley</b>	<b>Maurice Feldman, OD</b>	805-526-0842	20% off exams 20% off frames and lenses 20% off contact lens service
<b>Ventura</b>	<b>Richard Blue, OD</b>	805-642-3247	20% off frames and lenses
	<b>Ventura Optometric Vision Center</b>	805-650-9922	20% off exams 20% off frames and lenses
	<b>Dan Clower, OD</b>	805-650-9370	20% off exams 20% off frames and lenses 20% off contact lens service
	<b>Gary M. Frick, OD</b>	805-647-4950	20% off exams
	<b>Family Vision Center Stuart W. Heller, OD Gary Lax, OD Gary Strickland, OD</b>	805-642-4185	20% off materials 20% off contact lenses 20% off frames and lenses
	<b>Two Trees Optometry Kristopher Skromme, OD</b>	805-650-2020	20% off exams 20% off frames and lenses