



Reimbursement Claim Form

Instructions:

1. Complete sections 1 – 4 (one form per member) and sign and date 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. 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
Brown Mail: L#3670

1. Patient Information:

Name: _____ Date of Birth ____/____/____
 (First) (Middle) (Last)
 Address: _____ City: _____ State: _____ Zip: _____

2. Employee (Subscriber) Information:

Name: _____ Mbr ID #: _____ Employee #: _____
 (First) (Middle) (Last)
 Home Phone: _____ Work Phone: _____ E-mail: _____

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
Camarillo	Aylor Chiropractic James A. Aylor, D.C.	805-987-1800	20% discount on examination, adjustments and physical therapy
	Stanley D. Jensen, D.C.	805-484-1990	20% discount on x-rays. Examinations, adjustment and physical therapy, (Cash rate = 50% Discount)
	Adam Story, D.C.	805-389-0325	First Visit: \$50 (Normally \$100) Follow up Visits: \$47 (Normally \$65)
Oxnard	Classic Chiropractic Ken Plaut, D.C.	805-983-6267	40% discount on package (which includes exam, adjustment, and a set of x-rays) Adjustment only - \$40
	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-Saturday, no appointment required. www.thejoint.com \$29 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.

VISION DISCOUNT FOR VCHCP MEMBERS AND FAMILY

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DISCOUNTS MAY CHANGE WITHOUT NOTICE AND FOR SOME PROVIDERS MAY NOT APPLY IF THE MEMBER HAS OTHER COVERAGE

City	Provider	Phone #	Discount description
Fillmore	Heritage Valley Eye Care	805-524-2552	\$89 exams 20% off new frames and lenses 20% off contact lens service
Oxnard	Phyllis Quintana, OD	805-487-0609	20% off exams 20% off frames and lenses 20% off contact lens service
	William Shaffer, OD	805-487-6363	Eye Exam= \$50 \$10 off contact lens fitting 40% off frames up to \$140, then 20% off balance
Santa Paula	Heritage Valley Eye Care	805-525-6603	\$89 exams 20% off new frames and lenses 20% off contact lens service
Ventura	Richard Blue, OD	805-642-3247	20% off frames and lenses
	Dan Clower, OD	805-656-2020	\$140 exam (regular price \$210) 20% off frames and lenses
	Gary M. Frick, OD	805-647-4950	20% off exams
	Family Vision Center Stuart W. Heller, OD Gary Lax, OD Gary Strickland, OD	805-642-4185	\$99 complete exam including a refraction 20% off new frame and lenses 10% off lenses only when using your own frame
	Two Trees Optometry Kristopher Skromme, OD	805-650-2020	20% off exams 20% off frames and lenses