

**Claim Form for
Transportation and Escort Services**

*Mail to: Fidelis SecureCare
P.O. Box 3597
Scranton, PA 18505*

Member Information	
Name:	Fidelis ID# or Medicare #:
Address (include name of residential facility):	City/State/Zip:
DOB:	Telephone Number:
<p>I understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.</p> <p>Signature: X _____ (Member / Responsible Party)</p>	

- Please Read Carefully Before Completing this Form**
- Please submit the dated invoice(s) along with this form.
 - Manual submission of claims does not guarantee reimbursement.
 - Transportation and escort services may require authorization for payment.
 - Claim forms without the required information cannot be processed. Incomplete forms will be returned.
 - Contact the local Fidelis SecureCare office or representative with any questions.
 - Refer to the **Evidence of Coverage booklet** for details about the transportation benefit.

Date(s) That Services were Provided	Description (Transportation or Escort Services)	Quantity	Amount
1.	S5125 = attendant → escort COVERED A0130 = transportation → COVERED	____ Trips ____ Hours	
2.		____ Trips ____ Hours	
3.		____ Trips ____ Hours	
4.		____ Trips ____ Hours	

Processing Information	
<input type="checkbox"/> Send check to member at above address	<input type="checkbox"/> Send check to member care of responsible party at: _____ _____ _____