



Oral Enteral Food Products Reimbursement Form

Member must attach all original, itemized receipts for purchase of oral enteral food products. Highlight or circle the items purchased on the receipt. The products purchased must be individually listed on this form below in order to be reimbursed.

The form and itemized receipts should be mailed to:

BCBSRI Claims Department, 444 Westminster St., Providence RI 02903

Remember to keep a copy of the receipts for your records

Date: _____

Physician: _____

Member name:

Physician Phone: _____

Street Address:

Diagnosis received
from Physician:

City, ST ZIP Code:

Phone: _____

BCBSRI Member ID: _____

Date of Birth: _____

Date of Purchase	Description	Price paid	Line Total
		Total	