Instructions for Completing the Oral Enteral Food Products Reimbursement Form

	Description:
Date:	Enter the date when itemized receipts are sent to BCBSRI.
Member DOB:	Enter date of birth by month/day/year.
Member's name:	Enter name as it appears on the BCBSRI membership card.
Member's Address and Phone:	Enter permanent legal address (street address, town, and zip code) and phone number where you can be reached.
Member BCBSRI ID #:	Enter BCBSRI identification number, which appears below your name on the BCBSRI membership card.
Physician:	Enter the prescribing physician name.
Physician Phone:	Enter phone number of prescribing physician.
Diagnosis received from Physician:	Enter the medical diagnosis documented by the physician. Information can be found on the Preauthorization Form completed by the physician.
Date item(s) purchased:	Enter the date of when the item was purchased.
Description:	Enter the name of the item circled or highlighted on the receipt, for example Neocate, Boost, etc.
Price Paid:	Enter the price paid for the item.
Line Total:	Enter the total amount paid. For example, if 2 cases of Neocate were purchased at $90 a case, enter $180.00 or if 5 low protein bars were purchased at $2.50 a bar, enter $12.50.
Total:	Enter the column total of the amount of reimbursement due.