



a **Point32Health** company

StrideSM (HMO) Member Reimbursement Request Form – Supplemental Dental Benefits

This form may be used to request reimbursement for supplemental dental benefits for services received through Dec 31, 2024. Your supplemental dental benefit covers defined services not considered medically necessary by Original Medicare. Refer to your 2023 or 2024 Evidence of Coverage and Dental Addendum for a complete list of covered dental services and procedure codes and for more information about your benefit and the difference between Medicare-covered and supplemental dental benefits found on our website at www.harvardpilgrim.org/stridedocuments.

Member's Name:

StrideSM Member ID:

Member's Phone:

Mailing Address:

City:

State & ZIP:

Your request must be submitted no later than 60 days after the end of the Plan year. Payments made to you for these services do not count towards your maximum out-of-pocket expenses. You may be contacted if additional information is needed to process this request. Please allow up to nine weeks for processing.

IMPORTANT: For each date of service, please provide an itemized receipt documenting the service provider, the dental service code(s), and proof of payment, with your request.

Item No.	Date of Service [MM/DD/YYYY]	Amounts Paid	Receipt Enclosed	Dental Codes	Provider Name [First, Last, Credentials (DMD, DDS, etc.)]	Provider Phone [Incl. Area Code]
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

Please sign this form, include itemized receipt(s), and mail to:

Harvard Pilgrim StrideSM Dental Reimbursement
PO BOX 211067
Eagan, MN 55121

Or submit on-line at: www.harvardpilgrim.org/stridesubmissions

I certify that the information on this form and all supporting documents enclosed are complete, accurate and unaltered.

Member's Signature: _____ Date: _____

If you have any questions, please visit www.harvardpilgrim.org/medicare or contact Member Services at 1-888-609-0692 (TTY: 711). Our representatives are available to assist you October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week, and April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday. If this form is submitted by an authorized representative, please also submit a signed Appointment of Representative form or other supporting documentation.