

## Member Reimbursement

### Important Instructions

- Provide a copy of the superbill, invoice, or claim with the following information.

Subscriber Name and ID Number  
Patient Name, ID Number, and Date of Birth  
Date of Service  
Diagnosis and Procedure Code  
Provider NPI and Tax ID Number  
Itemized Service Line Charge  
Total Billed and Paid Amount

- Submit a receipt or other proof of payment for the services rendered.

### Submission Instructions

1. Complete documents may be mailed to the address below.

UC Davis Managed Care Claims Department  
Attn: Member Reimbursement  
PO Box 179001  
Sacramento, CA 95817-9001

2. Complete documents may be faxed to 916-734-9972.
3. Complete documents may be emailed to [claims.inquiry@health.ucdavis.edu](mailto:claims.inquiry@health.ucdavis.edu)

### Questions?

If you have any questions, please contact Claims at 916-734-9900 or 1-800-445-3936, select option 1.