



Minimum Discount Guarantee Refund Request Form

Note: Before submitting this form, please make sure you have met the following requirements:

- For network practitioners and facilities, you must have confirmed your discounted rate before your visit, either online or by telephone with our Customer Care Center.
- For Marketplace retailers, you must have followed the instructions on the Marketplace Partner Information page.
- You must show proof that you paid for the service or product in full and did not receive the discount you were entitled to. A receipt is required that shows service or product purchased and payment rendered.

All requirements must be met to be eligible for the Minimum Discount Guarantee refund.

Note: The Minimum Discount Guarantee does not apply to long-term care or behavioral health facilities, prescription drugs or hospital services.

Member Information

Member Name	Member Number (or Subscriber ID and Group Number)
Street Address	City, State, ZIP
Telephone Number	Email

Provider or Facility Information

Name of Participating Practitioner/Facility/Online Retailer	Provider Telephone Number
Provider Street Address	City, State, ZIP

Products(s) or Services(s) Purchased	Date of Service or Purchase	Doctor/Provider/Retailer Typical Price	Price You Paid

Please mail or fax this completed form, along with the following, to the address below:

- a copy of your receipt(s)
- a copy of your confirmation (available in the My Account section of the Web site or from Customer Care)

OptumHealth Allies Minimum Discount Guarantee
P.O. Box 2006
Neenah, WI 54957
Fax: (888) 702-0195

If you have questions about the Minimum Discount Guarantee, please contact Customer Care at the toll-free number on your member ID card, if issued, or call (877) 426-2559.

Comments: