

CHURCH ACTIVITY MEDICAL ASSISTANCE REIMBURSEMENT FORM

FOR MEDICAL, DENTAL, AND PRESCRIPTION EXPENSES

DMBA will reimburse expenses directly to you up to 30 days after your enrollment into CAMA. After those 30 days, direct reimbursement requests will be returned to you. To avoid returned requests, please ask your providers to submit bills directly to DMBA for payment.

PATIENT INFORMATION

Patient name: _____ Patient DMBA ID number: _____

Patient Home address: _____

Best contact telephone number: _____ Email address: _____

EXPENSES FOR REIMBURSEMENT

Church Activity Medical Assistance (CAMA) is a gratuitous, charitable assistance program administered by Deseret Mutual Benefit Administrators (DMBA) on behalf of The Church of Jesus Christ of Latter-day Saints (the Church).

- To be reimbursed for medical or dental expenses related to your accident that you have paid to a provider, please provide the information requested below. Reimbursement will be based on CAMA guidelines and limitations.
- Include an itemized bill from the service provider that includes the patient name, provider name, date services were received, total amount claimed, and a detailed description of the product or service. On the bill, write the document number related to the itemization below. Be sure to include proof of payment made to the provider.
- If you have insurance, include a copy of the *Explanation of Benefits* (EOB) from your insurance or other third-party payer. List the amount paid by the insurance below and write the associated document number on the EOB before you send it.

Document	Service Date	Provider Name	Description of Service Provided	Amount Paid by Insurance	Amount Paid
1					
2					
3					
4					
5					
Totals					

CERTIFICATION

I certify these expenses are related to the patient's injury and condition and am requesting reimbursement for qualifying expenses. I understand reimbursement will be provided according to CAMA guidelines and limitations.

Patient or guardian signature: _____ Date: _____

PLEASE NOTE: If any information or documents are missing or incorrect, we cannot reimburse you until we receive the proper documentation. To avoid future inconvenience, ask your providers to bill DMBA directly and provide them with CAMA's billing information listed in the box below.

Please return this completed form and the necessary attachments to DMBA, Attention: CAMA Team, P.O. Box 45530, Salt Lake City, UT 84145-0530. You may also email it to churchactivity@dmba.com. For questions, call DMBA at 801-578-5600 or toll free at 800-777-3622 or email us at churchactivity@dmba.com.