



# Reimbursement Claim Form

**Instructions:**

1. Complete sections 1 – 4 (one form per member) and sign and date the member signature line.
2. Attach the provider’s itemized statement of charges (including procedure codes and description of services) and your payment receipt to this form.
3. Email, Fax, or Mail this completed form and the attachments to:

**Ventura County Health Care Plan**  
**c/o Care Reimbursements**  
**2220 E. Gonzales Road, Suite 210-B, Oxnard, CA 93036**  
**Fax: 805-981-5051 / Email: [VCHCP.Memberservices@ventura.org](mailto:VCHCP.Memberservices@ventura.org)**

**1. Patient Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (First) (Middle) (Last)

Member ID #: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Employee (Subscriber) Information:**

Name: \_\_\_\_\_ Employee # (Optional): \_\_\_\_\_  
 (First) (Middle) (Last)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_

**3. Type of Service Performed (Please select one of the following)**

- Chiropractic/Acupuncture  Alternative Care
- Other: \_\_\_\_\_

**4. Provider Information:**

Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Cost of Service: \$ \_\_\_\_\_

Number of Visits (if applicable): \_\_\_\_\_

Indicate here if the check should be issued to the patient rather than the subscriber.

The undersigned, under the penalty of perjury, states: That the above claim and the items therein set out are true and correct; that no part thereof has heretofore been paid to me, and that the amount therein is justly due, and that the same is presented within **180 days** after the date of service. *Failure to submit this request within 180 days after the date of service will result in a denial for reimbursement.*

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**



## CHIROPRACTIC AND ACUPUNCTURE DISCOUNT FOR VCHCP MEMBERS AND FAMILY

For further information, contact the provider directly. The County does not endorse or assume responsibility for any of the providers listed.

DISCOUNTS MAY CHANGE WITHOUT NOTICE AND FOR SOME PROVIDERS MAY NOT APPLY IF THE MEMBER HAS OTHER COVERAGE

City	Provider	Phone #	Discount description
Camarillo	Stanley D. Jensen, D.C.	805-484-1990	20% discount on x-rays. Examinations, adjustment and physical therapy
	Adam Story, D.C.	805-389-0325	First Visit: \$50 (Normally \$100) Follow up Visits: \$48 (Normally \$65)
Oxnard	Danny Lai, D.C., LA.c	805-240-2640	15% discount
Port Hueneme	Knight Chiropractic Health & Massage Roger H. Knight, D.C.	805-984-1500	25% discount (Cash rate: New service=\$65, Existing service=\$45)
Simi Valley	Wayne Press Chiropractic, Inc.	805-527-7246	30% discount
Ventura	Robert Cocain, D.C.	805-644-5563	25% discount
	Debra Callahan, D.C.	805-644-5563	25% discount
	Harer & Mortensen Chiropractic	805-650-5929	\$60 All inclusive visit
	Lars E. Lundstrom	805-654-1432	30% discount and free consultation
	Logan Osland Chiropractic & Therapy Srvc.	805-644-4937	20% discount
	Lyans Chiropractic Center	805-644-4487	30% discount
	La Vie Acupuncture Clinic Alexandre Hillairet, D.A.O.M.	805-798-4018	25% discount
	Jan A. Sovich, O.M.D., LA.c	805-644-6969	20% discount off regular acupuncture fees
	Angela E. Sutter, D.C.	805-658-9999	20% discount
	The Joint Chiropractic	805-535-4460	Monday-Sunday, no appointment required. <a href="http://www.thejoint.com">www.thejoint.com</a> \$29 initial single visit (30% discount off regular price of \$39)
Wilson Chiropractic & Sports Medicine Clinic Ralph R. Wilson, D.C.	805-643-4176	25% discount	

Spinal X-rays ordered by your Chiropractor may be provided by VCMC Radiology Department at no cost to you.