

Expense form

Use this form to ask Sidecar Health to pay for eligible health care you receive. Complete all of the applicable fields on the form and print out the form. Then mail the form, along with documentation from your provider, to the following address:

Sidecar Health Care Team
Attr: Expenses
440 N Barranca Ave #7028
Covina, CA 91723

Documentation needed from your health care provider

Be sure the documentation you get from your provider includes an itemized bill, like a Superbill, CMS-1500 form, CMS-1450 form, or invoice. These should include:

- Patient name.
- Diagnosis codes.
- Procedure Codes (CPT, HCPC) – with any applicable modifiers.
- Units for each procedure code.
- The billed amount for each procedure code.
- Place of service code.
- Date of each service.

Missing any of the above information can result in a delay or non-payment of the expense.

What happens after I mail my form

We will notify you, using the communication method you selected in the Sidecar Health app, when we've processed your expense. You will then be able to log into the Sidecar Health app and view the expense. The expense will explain what was applied to your deductible and what Sidecar Health will pay towards your medical care.

You will then be responsible to pay your health care provider using any payment method you would like, including your Sidecar Health card.

Have questions?

Call us at 1-877-653-6440



Expense form

Patient

First name

Last name

Primary member on account

First name

Last name

Email

Health care provider

Name

Address

City

State

Zip code

Care

Date of service

Total amount

The information provided here is true to the best of my knowledge.

Signature

Date