



SENTRI Pass Reimbursement

Active MediExcel primary subscribers who obtain a **New SENTRI Pass** after their initial enrollment date can apply for 75% reimbursement.

Here is how it works:

1. Download our SENTRI reimbursement form from the MEMBERS tab at www.mediexcel.com
2. Provide a legible copy of the front and back of your SENTRI Pass with a visible issued date. The issued date must be after your enrollment date with MediExcel Health Plan.
3. Provide a legible copy of your SENTRI Pass fee receipts.

E-mail required documents to applications@mediexcel.com. You may also mail copies of your documents to 750 Medical Center Court, Suite 2, Chula Vista, CA 91911.*

Complimentary Medical Fastlane Pass

NRM 083121

MediExcel members are eligible to receive a complimentary medical fastlane pass with their service copay, reducing their wait time to return to the U.S.

The medical pass is for a single-use and gives the member access to a special lane designated for medical visits. The Medical Fastlane is not affiliated with U.S. authorities and the member will still need to provide required identification to U.S. Customs. A monthly limit for medical passes applies. The Fastlane program is run by Ayuntamiento de Tijuana and is available at both the San Ysidro and the Calexico West Port of Entry.

*Only active primary health plan subscribers are eligible. Please allow up to three weeks for processing. Reimbursement is for a SENTRI Pass acquired after your MediExcel Health Plan enrollment date. Renewal passes are not eligible. Reimbursement cannot exceed \$92 USD, and will be mailed to the address listed on the reimbursement form.



SENTRI Pass Reimbursement Form*

MEMBER INFORMATION

First Name:	Last Name:
Member ID:	Date of Birth: __/__/____
Address/City/State/Zip code:	Employer:
Telephone #: (__)-____-____	Alternate Telephone #: (__)-____-____

INSTRUCTIONS TO REQUEST REIMBURSEMENT

Please include the following documents along with your COMPLETED reimbursement form:

1. Front and back copy of SENTRI Pass with issued date.
2. Expense receipts for SENTRI Pass.

E-mail required documentation to applications@mediexcel.com or mail to

MediExcel Health Plan
 Attention: SENTRI Pass Reimbursement
 750 Medical Center Ct., Suite 2
 Chula Vista, CA 91911

CERTIFICATE OF STATEMENT

I certify that the above information is true and correct, the attached material is unaltered, and the expenses were incurred by the member named above. I understand that all documents submitted become the property of MediExcel Health Plan and will not be returned. I understand that if I submit false receipts or fraudulently altered documents, I may be disenrolled from MediExcel Health Plan and subject to civil or criminal penalties.

California Residents: For your protection, California law requires the following to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for the payment of a reimbursement is guilty of a crime and may be subject to fines and confinement in state prison..

Member Signature

Date

MediExcel Health Plan Use Only

Date Processed:

Processed by:

Approved by:

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Because your Health is First – MediExcel Health Plan