SENTRI Pass Reimbursement Program

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

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, or visit our Member Enrollment Center at our Chula Vista office and present them in person.*

*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.

MediExcel
HEALTH PLAN

NRM 062023

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