



**MaineCare Services**  
*An Office of the  
 Department of Health and Human Services*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services  
 MaineCare Services  
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 Augusta, Maine 04333-0011  
 Tel: (207) 287-2674; Fax: (207) 287-2675  
 TTY: 1-800-423-4331

## Request for Reimbursement of Cost Sharing for Services Exempt due to CHS Referral

**To:**  
**Re:**  
**Date:**

Claim Header TCN: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Member Name: \_\_\_\_\_

MaineCare ID: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Referring Physician NPI: \_\_\_\_\_

Co-pay amount withheld on claim: \_\_\_\_\_

Please attach this form to a copy of the (RA) Remittance Advice sent to you from MaineCare showing that a co-pay was taken from the member.

These should be sent to MaineCare on a Quarterly basis and MaineCare will reimburse providers for those members who had a referral.

Please fax this form to: (207)287-8682.