



## Reimbursement Claim Instructions

Please submit the [claim form](#), and relevant documents (receipt or itemized bill) to Wellfleet within 90 days from the date of service. Your reimbursement check will be sent to the mailing address Wellfleet has on file for you. Please ensure it is accurate. You must make any address changes online in your [Wellfleet Student Portal](#).

Procedures to submitting the claim:

- **Before submitting the claim**, please obtain a copy of an \*itemized bill or receipt (a document provided by the Provider's office that will have the name of the facility, the date of service, and other necessary information).

*\*For services rendered at the Student Health Center, a receipt will be generated to the [Student Health Portal](#) the following day.*

- Complete the demographic information in the table at the top. Please note reimbursements are provided in a form of a check and will be sent to the mailing address on file.
- You should complete the following section of the claim form that corresponds to your visit. For prescription claims, complete either the sickness or injury section that is related to your treatment and indicate the name of the medication prescribed. If you need additional space to answer a question, you can submit it on a separate sheet of paper
- Once you have completed the claim form. Please submit all documents to Wellfleet using one of the following methods:

Email to: [Customerservice@wellfleetinsurance.com](mailto:Customerservice@wellfleetinsurance.com)

Upload to your [Wellfleet Student Portal](#)

Mail to: Wellfleet Group, LLC at PO Box 15369 Springfield, MA 01115-5369

- Claims are usually processed within 10 business days, however some claims may take up to 30 business days to process. You can check claim status by visiting your Wellfleet Student Portal, emailing [Customerservice@wellfleetinsurance.com](mailto:Customerservice@wellfleetinsurance.com), or by dialing 877-657-5030.