GOLD KIDNEY HEALTH PLAN

2026 Supplemental Benefit Reimbursement Form Instructions

Use this form if you paid for an item or service because your &more Gold Card did not work at a participating store.

This form is for purchases made between January 1st, 2026 and December 31st, 2026. This form is available on our website at www.goldkidney.com/member-resources/.

We can only reimburse you if:

- You were an active Gold Kidney Health Plan member at the time of purchase or service
- The item or service was covered by your plan
- You had available benefits on the date of service

Items and services must be purchased from **participating stores or providers** to qualify.

What You Need to Send

For healthy food and produce, over-the-counter (OTC) items, utilities, or rideshare services (Plans H4869-011 and H4869-013):

1. A Receipt – Your receipt must show:

- Store or provider name
- Date of purchase or service
- Item(s) or service(s) you received
- Amount you paid

We cannot accept credit card statements as proof of purchase.

2. A Completed Form

- Fill out all sections of the form
- Use one form for each request

GOLD KIDNEY HEALTH PLAN

Supplemental Benefit Reimbursement Claim Form

Send the completed form and required documents to Gold Kidney Health Plan.

Mail: Gold Kidney Health Plan
ATTN: Claims Department
P.O. Box 285, Portsmouth, NH 03802

Email: DMRClaims@goldkidney.com

Section 1: Member information		
Member Name:	Member ID #:	
Mailing Address:		
City:	State:	ZIP:

Section 2: Service/Purchase Category *(select one):*	
Date of Service/Purchase:	
☐ Healthy Food and Produce	☐ Over-the-Counter (OTC)
☐ Rideshare (plans H4869-011 or H4869-013)	☐ Utilities
Provider/Vendor Name:	
Provider Location:	

Section 3: Reason you were unable to use your &more Gold Kidney Prepaid Mastercard® (Gold Card)

To expedite your claim, proof of purchase and/or itemized receipt are required.
Please be sure the information on the receipt matches the information on this form.

Member Signature: _____ **Date:** _____

Gold Kidney Health Plan, Inc. ®, is an HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.