

Member Behavioral Health Restitution Form



Member Information:

Member Name	Member Date of Birth	EmblemHealth Member ID (at time of service)
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Mailing Address:

Address 1	Address 2	
City	State	Zip Code

Provider Information: Please submit one form per provider seen.

Name of Provider		
Provider Address		
City	State	Zip Code

Dates of Service:

Select the reason you saw this provider:

- Provider was listed in EmblemHealth Directory as in-network but billed as out-of-network
- Desired in-network provider was not accepting new patients
- Desired in-network provider could not see me in the timeframe I needed
- Could not find an in-network provider near me
- Could not find an in-network provider that was able to treat my condition
- Other (please explain) _____

Describe the steps taken to see an in-network provider:

The following must be included with your submission. Check to indicate they are included:

- Copy of bill from provider
- Proof of payment to provider (e.g., receipt)

Member Behavioral Health Restitution

EmblemHealth recently reached an agreement with the New York State Office of the Attorney General. As part of the settlement, we will reimburse current or former Medicaid managed care, Health and Recovery Plan (HARP), Child Health Plus, Essential Plan, Qualified Health Plans (QHP), and Commercial members (including members in plans offered by the City of New York) who may have paid out-of-network cost shares for behavioral health services, in excess of your plan's copayment/coinsurance or deductible, received between **Jan. 1, 2020**, and **Feb. 19, 2026**.

This may include:

- Behavioral health services billed as out-of-network by a health care provider who was listed as in our network in the EmblemHealth Provider Directory.
- If you were unable to get an appointment with an in-network behavioral health provider and had to see an out-of-network behavioral health provider.

Please note that the determination will be final, and no appeals will be available.

If you believe this applies to you, use the enclosed Member Behavioral Health Restitution form to submit your claims for review. Visit emblemhealth.com/claimsubmit for additional forms. Submit one claim per member for each provider seen. Provide proof of your claim (Explanations of Benefits (EOBs), receipts).

Submission instructions

To submit your request, email the completed form and all supporting documents to claims@emblemhealthrestitution.com or mail them in the postage-paid return envelope to:

EmblemHealth
ATTN: Restitution Program
55 Water Street, CONC-L
New York, NY 10275-0718

Completed Member Behavioral Health Restitution forms and all necessary documents must be submitted no later than Aug. 29, 2026.

If you have questions, call the claim administrator at **978-591-6022** (TTY: **711**) from 9 a.m. to 5 p.m., Monday through Friday.