

CO-INSURANCE REIMBURSEMENT FORM



Member's Name		Social Security Number	
Address			Daytime Phone Number
City	State	Zip Code	

Patient Name	Relationship to Member	Amount	Date of Service	Description of Service

I certify the information is true and correct, that the expenses incurred were for myself, spouse and/or qualified dependents. Member Signature:	Date:
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*****PLEASE REFER TO THE BACK OF THIS PAGE FOR PROCESSING AND SUBMITTING INSTRUCTIONS.*****

Co-Insurance (Out Of Pocket) Reimbursement Submission Guidelines:

1. If you are submitting for reimbursement for the Co-Insurance, or for Out of Pocket expense, the Excellus monthly health statement and proof of payment must be attached. Excellus will mail the Monthly Health Statement or it can be obtained via the web at: www.excellusbcs.com. The statements are issued after the 1st of each month.

The claim submission must include:

- Proof of payment for each claim. You must retain a minimum of (6) months' worth of insurance contributions in reserve within your hour bank in order to claim for co-insurance/out of pocket expenses. If you do not have (6) months' worth of health insurance contributions, your claim will be denied. You must have a balance in excess of the (6) month requirement.
2. Please submit the receipts in the same order they are listed on the Co-Insurance/Out of Pocket claim form.

SEND YOUR COMPLETED CLAIM TO:

UA Local 13 Benefit Office
1850 Mt. Read Blvd.
Rochester, NY 14615
Phone: (585) 338-2310

Processing Guidelines:

1. Checks for the Co-Insurance/Out of Pocket Reimbursement will be processed on the 1st and 3rd Friday of every month.
2. Processing each claim requires up to 10 business days from the date of submission.
3. Your 1st claim is free. Every subsequent claim is \$10.00. If you are a member with an amount eligible for medical reimbursement as well, your first claim to your bank is free whether co-insurance or medical reimbursement. Every subsequent claim for medical or co-insurance reimbursement will incur a \$10 fee. This amount will be deducted from your claim.
4. A check will be mailed directly to your home. Please be sure to keep your address current with the Benefit Office.

*****Original receipts must be submitted along with proof of payment. If these are not provided, a portion, or all, of your claim may be returned to you. *****