

# DEDUCTIBLE 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.  <b>Member Signature:</b>	<b>Date:</b>
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\*\*\*\*\*PLEASE REFER TO THE BACK OF THIS PAGE FOR PROCESSING AND SUBMITTING INSTRUCTIONS.\*\*\*\*\*

## Deductible Reimbursement Submission Guidelines:

1. A Monthly Health Statement from Excellus must be submitted for reimbursement along with the completed Deductible reimbursement form. Excellus will mail you the Monthly Health Statement directly, yet it can also be obtained via the web at: [www.excellusbcbs.com](http://www.excellusbcbs.com). Monthly Health Statements are issued on the 1<sup>st</sup> of each month. This, if you incur a claim on May 15<sup>th</sup>, the monthly health statement that reflects that will be issued after June 1<sup>st</sup>.

### **2. 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 Deductible Reimbursement will be processed on the 1<sup>st</sup> and 3<sup>rd</sup> Friday of every month.
2. Processing each claim requires up to 10 business days from the date of submission.
3. There is a \$10 check processing fee for each Deductible claim. This fee will be deducted from your claim total.
4. A check will be mailed directly to your home. Please be sure to keep your address current with the Benefit Office.

**\*\*\*Please be aware that once you receive the check,  
it is your responsibility to pay the provider directly.\*\*\***