

HOUR BANK 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.*****

Hour Bank Reimbursement Submission Guidelines:

1. If you are submitting expenses under another insurance plan, you must submit an Explanation of Benefits (EOB) statement.
2. Originals of all bills (and EOB if required) for reimbursement must be enclosed with this completed reimbursement form.

Claims must include:

- Proof of payment for each claim
 - Name of service provider
 - Dates of service
 - Description of the services rendered
 - The amount charged
 - The name of the person receiving services
3. Please submit the receipts in the same order they are listed on the 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 Hour Bank Reimbursement will be processed on the 2nd and 4th Friday of every month.
2. Processing each claim requires up to 10 business days from the date of submission.
3. Your 1st claim submission of the plan year, which begins on May 1st, is free. Every subsequent submission in the same plan year will have a \$10 fee. 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.

*****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.*****