

CHEMOTHERAPY/RADIATION 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.*****

Chemotherapy/Radiation Reimbursement Submission Guidelines:

1. If you are submitting for copays for chemotherapy and/or radiation, original bills and receipts must be attached.

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 person receiving services
2. Please submit the receipts in the same order they are listed on the Chemotherapy/Radiation 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 Chemotherapy/Radiation 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. You may submit claims no more than (4) times per month. Your first claim is free each month. The subsequent submissions incur a \$10 check fee, yet the check fees will be capped at \$20 per month. This check fee 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.*****