DOCTORS COUNCIL HEALTHCARE COST REIMBURSEMENT BENEFIT CLAIM FORM

Please check the appropriate box: ACTIVE WELFARE FUND RETIREE WELFARE FUND BENEFIT PLAN

MAIL TO:

Administrative Services Only, Inc

PO Box 9005

Lynbrook, NY 11563-9005 516-396-5500 / 800-537-1238 Effective January 1, 2011

Welfare Fund Members: Annual Family Maximum is \$1,000 for full time

Members and \$500 for part time members per plan year **Plan A:** Full time members \$300/\$600 for single/ family

Plan B: \$1,000 per family

Retired Members: Annual Family is \$1,000 per plan year

		BIRTH DATE		RELATIONSHIP TO MEMBER		
			MALE	SELF CHILD		
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NAME ALL BENEFIT PLANS	COVERING THIS PATIENT					
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1) GROUP MEDICAL PLAN	YES NO (2) GROUP DEI	NTAL PLAN YES	NO (3)	GROUP VISION PLAN	YES NO	
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J.S. SOCIAL SECURITY NO.		DA	YTIME TELEP	HONE NUMBER		
EVENING TELEPHONE NUMBER			AGENCY OR DEPARTMENT			
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Covered Expenses Include:

Medical and Hospital Deductibles and Co-Payments under Medicare and /or you group medical/ surgical and hospital insurers.

Prescription Drug Deductibles or Co-Payments under your group medical/ surgical and hospital insurers.

Charges incurred for health services covered in a member's existing coverages that exceed the reimbursement received, (including services covered under Doctors Council Welfare Fund). Premiums for Medicare Part "B" may reimbursed with proof of reimbursement from the NYC Health Benefit Program; Medigap and other out-of-pocket healthcare coverage/ expenses.

How to File a Claim:

- Complete the claim form and attach <u>ALL COPIES</u> of the itemized bills for the expense incurred and the corresponding explanation of benefits vouchers FROM ALL GROUP HEALTH INSURANCE PLANS covering the patient.
- 2. Please submit a copy of your group health plan ID card.
- 3. File a separate claim form for each family member.
- 4. Do not submit your claim until the end of the plan year unless you have already met the full amount of the benefit.
- 5. For Members of Doctors Council Welfare Fund and Doctors Council Retiree Welfare Fund:

All claims for benefits must postmarked no later than <u>June 30th of the following Plan year</u> (<u>July 1 – June 30</u>) in which the expense was incurred.

For Members of Doctors Council Benefit Plan:

All claims for benefits must postmarked no later than <u>December 31 of the following Plan</u> <u>year (January 1 – December 31)</u>.

FAILURE TO FILE REQUIRED DOCUMENTATION AND/ OR SIGN EACH CLAIM FORM WILL CAUSE DELAY IN THE PROCESSING OF YOUR CLAIM, AND MAY CAUSE A DENIAL OF YOUR CLAIM.