

LOCAL 300 – ACTIVE EMPLOYEES’ WELFARE FUND

PODIATRY BENEFIT

253 West 35th Street, 12th Floor, New York, NY 10001

(212) 505-5050

PATIENT NAME: (print last name first)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RELATIONSHIP TO MEMBER <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _	PATIENT DATE OF BIRTH MO. DY. YR.
MEMBER NAME: (print last name first)	MEMBER’S SOCIAL SECURITY NUMBER 		MEMBER DATE OF BIRTH MO. DY. YR.
HOME ADDRESS: Number and Street	APT.	HOME PHONE (include area code)	
CITY STATE ZIP	PAYROLL TITLE	EMPLOYER PHONE (include area code) / Extension	
IS YOUR SPOUSE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF “YES”, GIVE NAME AND ADDRESS OF YOUR SPOUSE’S EMPLOYER AND SPOUSE’S SOCIAL SECURITY NUMBER		
ARE PODIATRY BENEFITS AVAILABLE FROM ANY OTHER GROUP INSURANCE CARRIER FOR THIS PATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF “YES”, GIVE NAME OF CARRIER, PLUS NAME AND I.D. NO. OF SUBSCRIBER		
I certify that the information given is correct and authorize release of any information necessary to process this claim. Benefits are not available under any other Group Plan except as indicated above.			
MEMBER SIGN HERE _____ Date _____			

Effective January 1, 1987, the Trustees have instituted a **new benefit** for the reimbursement of Podiatry expenses for all eligible members and their spouses. The maximum benefit is \$200.00 per person for expenses incurred for office visits, x-rays or physical therapy. This benefit **does not** apply to any other service or to services fully paid for by any other health plan. To obtain the benefit, please do the following:

- Attach a receipted statement from the doctor which **must have** the following:
 - a) an itemization of the services and fees charged;
 - b) the patient’s name;
 - c) date of service;
 - d) diagnosis.
- Submit the claim to the address above within 90 days of the date of service.

IF YOU OR YOUR SPOUSE’S HEALTH INSURANCE PAYS BENEFIT FOR PODIATRY CARE, YOU MUST FIRST SUBMIT YOUR CLAIM TO THAT CARRIER, AND ATTACH THEIR EXPLANATION OF BENEFITS TO THIS CLAIM FORM.

****NOTE:** Incomplete claims or those submitted after the claim limit may be returned or rejected. Please follow the instructions carefully to eliminate reimbursement delays.

Should you have any questions, please call the Claims Processing Office at (212) 505-5050.