Co-Insurance/Co-Payment Reimbursement

MAIL CLAIM TO:
Wappingers Congress of Teachers Welfare Trust Fund
C/o Daniel H. Cook Associates
253 West 35th Street- 12th Floor, New York, New York 10001
(212) 505-5050

Patient's Name	Relationship to Member Self Spouse Child Other	Sex M F	Patient's Date of Birth Month Day Year	Policyholder/Subscriber ID #

Member's Last Name	First Name	Initial	Alternate ID/SSN

Full Mailing Address	No. and Street	Apt. No.	Home Phone
			( )

City	State	Zip

BENEFITS ARE PAYABLE TO MEMBER ONLY

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.

MEMBER SIGN HERE _____ **DATE** _____

TOTAL AMOUNT SUBMITTED_____

This benefit provides up to $300.00 PER COVERED FAMILY for any in-network coinsurance and /or co-payment costs incurred under the DEHIC Empire Blue Cross Blue Shield Healthy Advantage PPO and EPO 20 Plan. Once the $300.00 is reached, the Fund will reimburse 1% of all additional in-network coinsurance and/or co-payment costs incurred during the same period, on a first dollar basis and coordinated with the DEHIC Empire Blue Cross Blue Shield Healthy Advantage PPO and EPO 20 Plan. Payment costs incurred under CSEA the fund will reimburse up to $175 plus an additional 1% for payment. Costs incurred under STEPS the fund will reimburse up to $150 plus an additional 1%. Coinsurance and /or co-payment Benefit is not available for Nurses.

Your claim must be submitted by March 31st of the calendar year following the calendar year during which your coinsurance and /or co-payment expenses were incurred. Please complete only one claim form per family and attached all covered family members Claims Summary.

<u>To file this benefit:</u>

Attach copies of all explanation of benefits documents received from Empire Blue Cross Blue Shield verifying your coinsurance and/or co-payment expenses for the claim period. All claim forms must contain a total dollar amount otherwise it will be returned to you without payment.