City of Bellevue LEOFF 1 Disability Board Medical Claim Form

Submission to the Disability Board must include the following:

1. Completed "City of Bellevue LEOFF 1 Disability Board Medical Claim Form"
2. Itemized invoice from the service provider* indicating:
   a) Balance due after Premera or Kaiser processed the claim
   b) All insurance or other payments made to the provider.
3. If not included as part of the itemized invoice, proof of all payments you made for which you are requesting reimbursement (e.g., receipt showing you paid the balance due).
4. Insurance carrier's "Explanation of Benefits" (EOB) form.
5. Medicare statement for any claim submitted by a member covered by Medicare.
6. Members may also be required to provide information the Board can use to determine whether the claim is a necessary medical expense.

Premera Members
*In-network providers are required to submit expenses to Premera on your behalf. You are responsible for submitting bills to Premera for out-of-network providers if they do not do so on your behalf.

Failure to include this necessary information with your claim will result in delay or denial of your claim for payment or reimbursement. All claims must be received by the Staff Assistant at least five (5) working days prior to the monthly Disability Board meeting.

Your Information

Name: _____ **Date of Birth:**_____

Address:_____ **SSN#: XXX-XX- __ __ __ __**

City:_____ **State:**_____ **ZIP Code:**_____

Telephone Number:_____

If claim is approved, check should be made payable and mailed to: _____

Reimbursement Request Information

Service Date	Provider	Service Received	Medical Reason	Uncovered Cost

Total: $_____

_____ _____

Claimants Signature **Date Submitted**

City of Bellevue LEOFF 1 Disability Board
Human Resources
PO BOX 90012
Bellevue WA 98009-9012
Phone: 425-452-7198 or email streperina@bellevuewa.gov

LEOFF 1 Disability Board Claim Submission Reminders

To ensure the medical claims you submit to the Disability Board for consideration are processed in a timely manner, please follow the submission process steps listed on the front side of this form. For more information, please refer to the Disability Board's Policies and Procedures.

As a reminder, all claims for reimbursement for necessary medical expenses must first be submitted to the applicable insurance carrier(s). If the insurance carrier(s) do not pay the entire claim, you can submit it to the Disability Board for consideration. Below is additional information about the required claim submission process.

- The Explanation of Benefits (EOB) describes whether the claim is paid in full, in part, or denied, and provides an explanation for the insurance carrier's decision. This should be included with all claims submitted to the Disability Board.

- To show proof of payment for the amount you are requesting reimbursement, you may submit the EOB if it identifies all payments made or other documents from your health care provider showing all payments made, including from the applicable insurance carrier.

- Members are strongly encouraged to include information to help the Disability Board determine whether the services provided are medically necessary, and may be required to do so in certain circumstances.

- All claims must be received by the Staff Assistant at least five (5) working days prior to the monthly Disability Board meeting to be considered on that meeting's agenda.

Failure to include necessary information with your claim will result in delay or denial of your claim for reimbursement.

Premera Blue Cross Members

If you are a **Premera Blue Cross member**, all claims must first be submitted to Premera Blue Cross. Usually, your provider will do this for you.

- In-network providers are required to submit expenses to Premera on your behalf.
- You are responsible for submitting bills to Premera for out-of-network providers if they do not do so on your behalf.

  Premera's address is:

  Premera Blue Cross
  PO Box 91059
  Seattle, WA 98111-9159

Premera will review the claim and send an Explanation of Benefits (EOB) to your mailing address.

Kaiser Permanente Members

If you are a **Kaiser Permanente member**, all claims must first be processed by Kaiser Permanente. If a service is denied, or only partially covered, an Explanation of Benefits will be sent to your mailing address providing an explanation.