## Southern California IBEW-NECA Health Trust Fund ORTHOTIC REIMBURSEMENT CLAIM FORM

The Southern California IBEW-NECA Health Trust Fund provides benefits for Specialized Footwear, sometimes known as "orthotics". This benefit is available to eligible Participants and eligible dependents enrolled for medical benefits under the Southern California IBEW-NECA Health Plan.

**ELIGIBLE EXPENSES:** Eligible expenses subject to reimbursement shall include expenses for the professional services provided by an Orthotist, Prosthetist, Pedorthist or other provider certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics when professional services are in connection with the treatment of foot disfigurement. For purposes of this benefit, foot disfigurement means foot disfigurement resulting from cerebral palsy, arthritis, polio, spina bifida, diabetes, accidental injury or abnormal condition.

PART ONE - PARTICIPANT INFORMATION

SSN

Web: www.scibew-neca.org

## **INSTRUCTIONS**

Last Name

1. Complete, date and sign the reimbursement claim form.

First Name

2. Attach proof of payment(s).

Web: www.scibew-neca.org

3. Submit the reimbursement claim form and proof of payment to the address shown below.

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Address		City	State	Zip Code	Phone Number
	Detient's Lest N	ame Patient's Fir	rot Nome		
	Patient's Last N	ame Patients Fil	Stiname	Total amou billed	nt Date of service
Self					
Dependent					
					address of service provider, ces received, and payment
late of service	ces, diagnosis or	condition being treate	d, an itemiz	zed list of servi	ces received, and payment
late of service	ces, diagnosis or		d, an itemiz	s Signature	
late of service	gnature	condition being treate  Date Signed	d, an itemiz	s Signature	ces received, and payment

IBEW-NECA Claims Administration 3444 Camino Del Rio North Suite 100

Phone: (800) 886-7559 or (619) 280-2009

San Diego, CA 92108

Fax: (619) 280-4304

Orthotic Reimbursement claim form v 02 2019