

# ORTHOTIC REIMBURSEMENT CLAIM FORM

Effective for services received on and after April 15, 2009, the Board of Trustees added a Specialized Footwear Benefit to the Southern California IBEW-NECA Active Health Plan (refer to Active Summary Plan Description).

**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.

## INSTRUCTIONS

1. Complete, date and sign the reimbursement claim form.
2. Attach proof of payment(s).
3. Submit the reimbursement claim form and proof of payment to the address shown below.

Web: [www.scibew-neca.org](http://www.scibew-neca.org)

### PART ONE – PARTICIPANT INFORMATION

Web: [www.scibew-neca.org](http://www.scibew-neca.org)

Last Name	First Name	SSN																	
Address	City	State	Zip Code	Phone Number															

	Patient's Last Name	Patient's First Name	Total amount billed	Date of service
Self				
Dependent				

**Important: Proof of payment must include the patient's name, date, name and address of service provider, date of services, diagnosis or condition being treated, an itemized list of services received, and payment amount.**

Participant's Signature	Date Signed	Spouse's Signature	Date Signed
-------------------------	-------------	--------------------	-------------

### PART TWO – PROVIDER INFORMATION

Service Provider	Date of service																		
Address	City	State	Zip Code	Phone Number															

## RETURN COMPLETED FORM TO:

**Coast Benefits, Inc.**  
 IBEW-NECA Claims Administration  
 3444 Camino Del Rio North Suite 100  
 San Diego, CA 92108

Phone: (800) 886-7559 or (619) 280-2009  
 Fax: (619) 280-4304