



UCS CO-PAY CLAIM FORM (full-time/active employees)
Physician Co-Pay & Prescription Drug Co-Pay (combined)

This claim form must be completed and signed by the CSEA Employee Benefit Fund Member. All required documentation must be attached. *Incomplete claim forms will be returned.*

Mail completed claim forms to:
CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516

Last name of member: _____

First name of member: _____ **EBF ID#** _____

Member's mailing address: _____ **Apt#** _____

City: _____ **State:** _____ **Zip code:** _____

Daytime phone # () - Employer: _____

Member's Signature _____

Member's Health Insurance Carrier(s) _____ **Spouse's Health Insurance Carrier(s)** _____

IMPORTANT – PLEASE READ

Complete this claim form and submit with your itemized pharmacy printout **and** receipts from your physician in one combined claim, when you have reached the maximum benefit allowed for the current calendar year. If you do not accumulate the maximum allowed, submit your claim after December 31 for what you did pay. **Deadline for submission of claim form is March 31** of the following year.

Prescription drug: Only co-pays are reimbursed. Charges for non-covered drugs, items that cost less than your co-pay amount and brand/generic differentials are not reimbursed. Please submit an *itemized print-out* indicating dates of service, item dispensed and co-pay amount. Please do not use highlighter on print-outs.

Physician office visit: Only co-pays are reimbursed. Receipts must indicate the co-pay was for an office visit. Only one (1) co-pay per visit is reimbursed. Co-pays for additional services performed at the same visit are not reimbursed. Please submit your original receipts clearly indicating the co-pay amount. All receipts must be validated by the physician's office (professionally printed receipt or office stamp). Each receipt must include the patient's name, physician's name of practice and address and indicate the co-pay was for an office visit. Explanation of Benefits (EOB) from your health insurance carrier will be accepted provided that the EOB includes the necessary information needed to process your claim form. Necessary information includes patient name, co-pay amount, date of service, and indication that the service was for an office visit. Non-physician provider, physical therapy, emergency room, hospital, Urgent care, lab, x-ray/imaging and dental co-pays are not eligible. Deductible/co-insurance payments are not eligible.

Cash register receipts, original pharmacy receipts and cancelled checks are not accepted for this benefit.