

# CRANSTON PERMANENT FIREFIGHTER'S



## RELIEF ASSOCIATION

P. O. BOX 20570

CRANSTON, RHODE ISLAND 02920



## MEDICAL BENEFIT WORKSHEET

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**MEDICAL / CLAIM \$** \_\_\_\_\_ **(OFFICE VISITS and CO-PAYS)**

**RECEIPTS ATTACHED? YES NO (No Statements ALLOWED)**

**2019 CALENDER YEAR YES NO** (circle)

Cosmetic/laser surgeries, Hair/Body remover/enhancement, teeth whitening, dental, chiropractic, therapies, are not covered. Procedures not covered by Insurance Companies are not covered.

**PRESCRIPTIONS \$** \_\_\_\_\_

**PHARMACY PRINTOUT (WE DO NOT ACCEPT INDIVIDUAL RECEIPTS)**

**2019 CALENDER YES / NO** (circle one)

Prescription medications and equipment that are not covered by Insurance Companies are not covered.

**SUPPLEMENTAL / "MEDIGAP" INSURANCE PREMIUM \$** \_\_\_\_\_

**(COPY OF MEDICARE PART A & B CARD AND SUPPLEMENTAL INSURANCE PREMIUM BILL & PROOF OF PAYMENT)**

**(BELOW IS FOR THE AUDIT COMMITTEE ONLY)**

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**MEDICAL \$** \_\_\_\_\_ **PRESCRIPTION \$** \_\_\_\_\_

**PSYCHOLOGICAL \$** \_\_\_\_\_ **(MAX 20%/\$700)**

**Audited Amounts Approved By:** \_\_\_\_\_ **BY:** \_\_\_\_\_

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**REJECTED or HOLD BY:** \_\_\_\_\_ **REASON** \_\_\_\_\_

**DATE CONTACTED** \_\_\_\_\_