

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)

2018 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)

MEDICAL \$ _____ **PRESCRIPTION \$** _____

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

Audited Amounts Approved By: _____ **BY:** _____

REJECTED or HOLD BY: _____ **REASON** _____

DATE CONTACTED _____