

MEDICAL/DENTAL CLAIM FORM

KCDRB Form 6

LEOFF-I Member's Claim for Reimbursement of Medical/Dental Expenses

(To be completed by LEOFF-1 claimant)

Please submit this form directly to your LEOFF-1 employer. If you have questions, call your employer or the King County Disability Retirement Board at 206-684-1556.

Claimant's Name: _____ Date of Birth: _____

Street Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Other Sources of Reimbursement (e.g. secondary insurance) Yes No

Other Insurance: _____ Policy No.: _____

Medical Condition(s): _____

Expenses incurred			
Dates of Service (MM/DD/YY)	Description of Medical Treatment/Equipment	Name of Provider(s)	Dollar Amount
Total Claimed (minus insurance reimbursement)			\$

Check "√" all applicable boxes below that support your claim.

- I have attached copies of billing statements, the Statement of Physician/Health Provider and other supporting documents.
- The condition treated was not brought on by dissipation or abuse and the expenses incurred were solely for necessary medical services.
- I understand that it is my responsibility to see to payment of the service provider(s) before charges become delinquent. This claim contains no late charges, interest or missed appointments.
- If bills are for services outside my pre-paid health plan, I have explained on a separate sheet attached why reasonably equivalent services were not available. See Board Rule 8.11 A(4).

I HEREBY ATTEST that, to the best of my knowledge, the above information is true and correct. I further attest that the services rendered were solely for non-cosmetic reasons. I hereby authorize any service provider who has treated me for this condition to release my medical records to the King County Disability Retirement Board or its designee. Furthermore, I hereby consent to examination by any other physician(s) the Board may require. I understand that this consent is given only for the purpose of establishing my right to LEOFF-I benefits.

Signed: _____ Date: _____

LEOFF-I Claimant

The King County Disability Retirement Board for LEOFF-1 will only accept original signed and dated claim forms. If you are concerned about privacy, do not e-mail personal information or a copy of this completed form to the Board - your privacy over the Internet cannot be guaranteed.