

CWA Local 4250 RMC
Steve Tisza, President



AT&T: Retiree HRA Welcome Packages

February 15, 2010

To: All AT&T Legacy T Local Presidents

Greetings:

Attached is an [AT&T Labor Notice](#). Please read it carefully so you can respond to questions from affected Retirees. To summarize: Retirees with retirement dates between 3/1/90 and 12/31/07 were inadvertently not enrolled in an HRA in January but will now have HRA accounts established for them with SHPS, AT&T's HRA administrative vendor. The welcome letters will notify participants that their accounts have been established. They will also contain vital information for participants, such as how to access their account, determine account balances, file claims and how to determine what healthcare expenses are eligible for reimbursement. A claim form and contact information for questions or additional information is also included. Eligible expenses incurred on or after January 1, 2010 will be reimbursable.

The Welcome Letter and Claim Form are attached to the Labor Notice. If you have any additional questions, you can contact me by phone at (202) 434-1291, or via e-mail at mflagge@cwa-union.org.

In Unity,

Martha Flagge
CWA Representative

MF: drk
opeiu-2, afl-cio

February 12, 2010

Audience:

Legacy T CWA Labor

Purpose:

To provide notification that Healthcare Reimbursement Accounts (HRA) were not set up for Legacy T non-Medicare eligible Retirees that were enrolled in either the Traditional Indemnity or POS programs under the Postretirement Welfare Benefits Plan. This error is being corrected and these retirees will be provided copies of the welcome letters and information kits.

Why/Rationale:

Current non-Medicare eligible retirees with retirement dates on or after 3/1/1990 and before 4/5/2009 are eligible to participate, effective January 1, 2010, in the company provided Healthcare Reimbursement Account (HRA) if they also elect to participate in the Company Medical Plan (not an HMO). Retirees with retirement dates between 3/1/90 and 12/31/07 were inadvertently not enrolled in January but will now have HRA accounts established for them with SHPS, AT&T's HRA administrative vendor. The welcome letters will notify participants that their accounts have been established. They will also contain vital information for participants, such as how to access their account, determine account balances, file claims and how to determine what healthcare expenses are eligible for reimbursement. A claim form and contact information for questions or additional information is also included. Eligible expenses incurred on or after January 1, 2010 will be reimbursable.

Action Required:

Informational Only

Details:

The welcome letters and claim forms will be mailed by February 12, 2010.
Legacy T retirees: 8,900

Copies of the Welcome Letters and Claim Form are attached.



February 2010

[REDACTED]
11b Canterbury Ct
Hudson, NH 030510000

Dear Health Reimbursement Account Participant:

Welcome to SHPS! We're the claim administrator for the AT&T Health Reimbursement Account (HRA). As communicated to you during Annual Enrollment, if you enrolled in the company medical plan (excluding HMO-type plans) you were eligible to receive a company-funded HRA to be used to reimburse yourself for eligible network or non-network medical, dental, vision and prescription drug expenses that are not covered by your healthcare plans. As a result of your 2010 benefit enrollment, your HRA has now been set up. You may begin submitting reimbursement claims to SHPS for eligible expenses incurred on or after January 1, 2010.

In addition to the information included in this letter, we have also enclosed the following:

- A claim form to be used with your first reimbursement request. You can get additional copies online or by request from the service center
- A partial list of eligible expenses as well as examples of non-eligible expenses.
- Qs and As to answer some of the most commonly asked questions

You have three ways to get information about your account at SHPS. You can use the mySHPS website, call our voice response system (AccountLink) or call the service center to speak with a customer representative.

We are excited to introduce you to our line of service offerings which includes a self-service site called mySHPS at www.shps.com. The mySHPS web site provides streamlined navigation, and highly secured transactional interactions and information sharing.

Visit mySHPS online services @ www.shps.com

You can use the website to:

- Review your claim activity and account balance
- Sign up for Direct Deposit
- Use the eLearning Center to learn how to use your reimbursement account and order or print claim forms

HRA Online - Account Inquiry: You can access your personal HRA information anytime, anywhere. With HRA Online, you can verify payment information or check the status of your HRA account claims. Simply register, and you will be able to enter your personal login information to access your HRA account via a secure authentication screen. You can retrieve complete account information, including current balance, claim history, and dates of payment.

How to Log In

Access www.shps.com and click on "mySHPS Participant" on the top. Then follow these simple steps:

1. Enter your last name. *Type your last name.*
2. Enter your participant ID. *This is your social security number.*
3. Enter your password. *This is initially set up as your birth date and must be typed in the MMDDYYYY format. Your password can be changed after you initially log in.*
4. Click "Go" to access your personal account.

Direct Deposit (Electronic Funds Transfer - EFT): With mySHPS, you have the flexibility to choose how you would like to receive payment for your HRA account claims. EFT offers the advantage of direct deposit of your reimbursement payment into a checking or savings account. Payments will post to the account you designate within two business days after the claim processing date. If a claim is only partially paid or denied, you will receive an Explanation of Benefit (EOB) statement. An EOB will not be mailed if a claim is paid in full. However, if you provide your e-mail address when enrolling for EFT, we'll send you an e-mail after each claim is processed and you can view your EOB online.

If you want to take advantage of this service, please log onto the website and complete the online enrollment form (you'll need your bank account and bank routing number). It's easy and secure.

eLearning Center: To visit our eLearning Center, click on the mySHPS logo at the top right corner of the mySHPS online services home page on which you enter your login details or just the [eLearning Center](#) link on the same page. With the SHPS eLearning Center, you can download claim forms, review eligible expense guides and read about what's new at SHPS via the message board.

AccountLink

You can also obtain your account balance and status of your last claim through our voice response system using a touch-tone telephone. Call the SHPS Customer Service Center at 1-800-283-3211 anytime - 24 hours a day, 7 days a week. You will be asked to enter your social security number. The system will walk you through the rest.

How to File HRA Claims

After you have paid an eligible expense, simply fill out a claim form and send it to SHPS along with proof of the expense. SHPS will reimburse you via check or direct deposit/EFT (your choice). Most claims are processed within 3-5 business days of receipt. Reimbursement checks and EFT payments are issued the business day following the claim processing date.

Follow these steps for reimbursement:

- Obtain a claim form from the SHPS website or by calling the SHPS Service Center
- Provide a receipt for your payment from the health care provider. If your expense is partially covered by your health plan, provide a copy of your health plan's explanation of benefits (EOB). If you are filing a claim for reimbursement of expenses related to your purchase of a prescription drug, the name of the drug must be included on a claim for prescription reimbursement.
- Complete and submit your signed reimbursement form and receipt(s) to the address or fax number below
- When mailing your claim form, be sure to keep a copy of the receipt and your claim form in case you are asked to provide more information about your claim
- Mail or fax your claim form and receipt(s) any time during the plan year and before March 31 of the following year.

You may also be reimbursed for your health plan monthly contributions. As proof of the payment, you must provide a copy of your pension check showing your healthcare contributions or a copy of your bill from the Benefits Service Center showing payment has been made. You may black out any personal information you want to exclude as long as it shows the payment and the date it was paid.

For all other eligible expenses, please be sure to keep your receipt that clearly shows the item purchased and the date.

To file your claim, please forward a completed and signed claim form by fax to 1-866-643-2219 or by mail to:

SHPS Spending Accounts
P.O. Box 34740
Louisville, KY 40232

Questions? – We're here to help

Contact your SHPS Customer Service Center at 1-800-283-3211. Benefit Counselors are available to answer your questions between the hours of 7 a.m. and 7 p.m. Central Time, Monday through Friday. You can also visit us on our website at www.shps.com. With mySHPS, you can click on "Contact Us" to submit inquiries online.

As provided in all AT&T benefit plans, the terms and conditions of the Plan documents will govern and while AT&T expects to continue the Plan(s) indefinitely, it reserves the right to change or discontinue the Plan or Plans at any time with respect to some or all participants.

RETIREE COMMONLY ASKED QUESTIONS

Q: How does an HRA work?

A: It is a Company-funded Health Reimbursement Account that provides participants with tax-advantaged funds to reimburse qualified medical expenses – those that would be deductible under Internal Revenue Code (the Code) 213(d) -- such as expenses that count toward your deductibles, co-payments, and coinsurance, as well as monthly contributions (when paid for on a post-tax basis). Participants are required to substantiate expenses prior to any reimbursement from an HRA by submitting reimbursement forms and receipts. Any reimbursements from the HRA are not taxable. There are no forfeiture requirements, unused balances rollover. This allows participants to use HRAs to reimburse themselves for expenses now or in the future.

Q: What will be the amount of my HRA?

A: The HRA amount will be based on the coverage tier you are enrolled in effective Jan. 1, 2010 and Jan. 1, 2011:

<u>Coverage Tier</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Individual	\$ 850	\$150	\$0
Family	\$1,700	\$300	\$0

You must satisfy the eligibility requirements on January 1 of each year to receive the Company contribution to your HRA for that year – you must retire prior to January 1 of the applicable year and you must be enrolled in the Company medical plan (which is defined as either the Alternative Medical Option or the Regional Medical Plan that you have today).

Q: Are my monthly healthcare premiums eligible for reimbursement from the HRA?

A: Yes, since retirees pay healthcare premiums on a post-tax basis, healthcare contributions are eligible for reimbursement under an HRA.

Q: If a family is a split one, meaning one is Medicare and one is not, what happens to the HRA; do they get the family HRA?

A: Eligibility for an HRA is dependent on the Non-Medicare retiree's enrollment and in cases like split family, where the dependents are permitted to make a separate plan election, the Non-Medicare retiree and dependent (whether Medicare or Non-Medicare) elections must be with a Company-offered medical plan in order for the family HRA amount to be paid.

For example:

- If both the Non-Medicare retiree and their Non-Medicare dependents are enrolled in a Company medical plan non-HMO option, the retiree would receive the family HRA amount.
- If only the Non-Medicare retiree is enrolled in a Company medical plan non-HMO option and the Medicare dependents are enrolled in an HMO, the retiree would receive the individual HRA amount.
- If the Medicare retiree enrolls in an HMO and their Non-Medicare dependents enroll in a Company medical plan non-HMO option, the retiree would not receive an HRA.
- If the Non-Medicare retiree enrolls in the Company medical plan non-HMO option and their Medicare eligible dependents are enrolled in same or alternative Company medical plan non-HMO option, the retiree would receive the family HRA amount.
- If the Medicare retiree enrolls in the Company medical plan non-HMO option and their Non-Medicare eligible dependents are enrolled in same or alternative Company medical plan non-HMO option, the retiree would not receive an HRA.

Q: When will my account be available for me to view and access for reimbursement?

A: Your account is ready to view and access now – this welcome package is notifying you that your account has been set up.

Q: Is there a deadline for filing claims for reimbursement?

A: Yes, the deadline for filing claims incurred in a plan year will be March 31 of the following plan year.

Q: Will mid-year qualifying status changes affect my HRA account?

A: No. Employee or retiree status on January 1 (active or retired, single or with dependents) and the plan option elected determines the HRA amount for the full year.

Health Reimbursement Account Eligible Expenses

For eligible expenses to be reimbursed, they must have been incurred during the calendar year and while you are an active participant in the Plan. An expense is incurred when the service that causes the expense is provided, not when you pay the expense. If you have paid the expense but the services have not yet been rendered, then the expense has not been incurred and cannot be reimbursed until after the service is rendered.

Only *eligible* expenses that have not been reimbursed by another plan or insurance may be reimbursed.

Eligible expenses that may be reimbursed from your Health Reimbursement Account are expenses incurred for “medical care” within the meaning of Section 213(d) of the IRS Code. Below is a *partial* list of eligible health care expenses for which you may be reimbursed from your HRA.

- Fees for services performed by licensed physicians, dentists, chiropractors, podiatrists, optometrists, opticians, psychologists, osteopaths, therapists, nurses and technicians
- Health care and dental deductibles, coinsurance and co-payments
- Vision care, such as contact lenses (including saline solution and enzyme cleaner), eyeglasses, laser eye surgery and eye examinations
- Hearing care, such as hearing aids and hearing examinations
- Prescription drugs, including insulin and birth control pills or other prescribed contraceptives
- Vitamins and tonics prescribed by a doctor if not taken as a food supplement or to preserve general health
- Expenses resulting from treatment in hospitals, clinics and other licensed medical facilities
- Prosthetic devices, including artificial limbs, artificial teeth, crutches, dentures, eyeglasses and hearing aids
- Over-the-counter medicines
- Monthly health care contributions when paid on an after tax basis
- Expenses resulting from illness and procedures including the following:
 - Acupuncture
 - Ambulance
 - Braces
 - Braille-books and magazines
 - Christian Science practitioners’ fees
 - Developmentally disabled persons’ cost for special home
 - Handicapped persons’ special schools, care and special equipment
 - Immunizations
 - In-vitro fertilization
 - Lamaze classes
 - Orthopedic shoes
 - Oxygen
 - Routine physical exams
 - Seeing-eye dog and upkeep
 - Wheelchair

For more information, refer to IRS Publication 502, which may be available at your local IRS office or at <http://www.irs.gov/formspubs/index.html> on the Internet. However, you should use this IRS publication with caution because it was prepared for purposes of describing medical expenses that are deductible for federal income tax purposes, not for the purpose of determining which expenses are reimbursable from a Health Reimbursement Account. Not all expenses that are deductible for federal income tax purposes are reimbursable from a Health Reimbursement Account.

Ineligible Expenses

Below is a *partial* list of health care expenses that are *not* eligible for reimbursement from your HRA. This includes any expenses paid by any health care plan or reimbursed by insurance.

- Cosmetic surgery that is not related to an accident or congenital defect
- Medical treatment, services or medicine that is illegal in the location where you receive it
- Weight reduction or smoking cessation programs for general health and not for specific ailments
- Air conditioner, even if prescribed by a physician, if it is permanently attached to your home
- Bottled water bought to avoid drinking fluoridated city water
- Cosmetics
- Special food or beverage substitutes
- Sundries, such as toothpaste and other toiletries
- Installation of power steering in an automobile
- Mobile telephones
- Expenses you incurred before or after you participate in the Health Reimbursement Account or expenses for which you were reimbursed by another plan
- Antiseptic diaper services
- Athletic club expenses to keep physically fit
- Babysitting expenses to enable you to see your physician
- Boarding school fees for a healthy child to enable you to recuperate from an illness or injury, even if prescribed by a physician
- Change of environment trips to boost the morale of an ailing person, even if recommended by a physician
- Dance lessons, even if recommended by a physician
- Domestic help, even if recommended by a physician, although the cost for nursing duties of domestic help may be claimed
- Funeral, cremation, burial, cemetery plot, monument or mausoleum expenses
- Health programs offered by resort hotels, health clubs and gyms
- Health care expenses of your former spouse
- Premiums/contributions for life insurance policies, disability income policies or for double indemnity or waiver of premium for disability or hospital income policies
- Scientology fees
- Transportation costs of a disabled person to and from work
- Traveling costs to look for a new place to work, even if recommended by a physician
- Tuition and travel expenses to send a problem child to a special school for a beneficial change in environment
- Veterinary fees
- Vitamins, unless prescribed by a physician
- Psychoanalysis undertaken to satisfy curriculum requirements of student
- Contributions to state disability funds
- Electrolysis
- Wigs, where not medically necessary for mental health
- Hair transplants
- Mechanical exercise device not specifically prescribed by a doctor
- Religious cult deprogramming
- Cost of illegal drugs or nonprescription drugs
- Marriage counseling provided by clergymen
- Tattoos and ear piercing
- Chauffeur services
- Cosmetic dental work (for example, teeth whitening and caps)

HOW TO REQUEST REIMBURSEMENT FROM YOUR HEALTHCARE ACCOUNT

This form is to be used to **request reimbursement for healthcare expenses only**. To view a detailed list of eligible medical expenses, visit www.myshps.com. All healthcare expenses should first be filed under your employer's healthcare plan or any other coverage you may have. Generally, eligible expenses include: allowable expenses covered but not fully reimbursed by any benefit plans, such as co-payments; and allowable expenses NOT covered by any benefit plans, such as over-the-counter medicines.

Step 1: Fill out the form

- Please print in capital letters, with your letters centered in the boxes provided and fill in all ovals as shown:

A	B	C	D		1	2	3	4
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YES NO

- **For Section 2 & 5: Complete a separate line for each individual expense. Do not lump expenses together.**

- Complete all sections of the form. Sign and date the bottom of the form.
- If your expenses exceed the number of lines provided, please use page 3.

Step 2: Attach supporting documentation

- Copy your receipts or other supporting documentation onto a white, letter-sized sheet of paper. Place your receipts so they all face the same direction. And write your Social Security Number or employee ID at the top of the page.

Step 3: Submit your form (Faxing is faster)

- By Fax: Send the form and copied receipts together as one fax. Do not include a fax cover sheet.
- By Mail: Place the form and the supporting documentation into an envelope, apply the correct postage, and mail.
- If you provide your e-mail address, SHPS will e-mail you confirmation we received your form.
- Keep a copy of your completed form and receipts for your records.

Step 4: Receive your reimbursement (Direct Deposit is faster)

- By using Direct Deposit or Electronic Funds Transfer (EFT), you'll receive your reimbursement funds up to five days faster than by receiving a check. To sign up, log in to your account at www.myshps.com and select "Direct Deposit Sign-Up" from the left-side menu.

Type of Supporting Documentation:

- Itemized receipt from your medical, dental or vision provider or pharmacy
- Itemized receipt for over-the-counter medicines—must show the name of the product
- Detailed statement, such as an Explanation of Benefits (EOB) from your insurance company or healthcare provider
- Documentation must show:
 - Date of service or purchase
 - Type of service or name of product
 - Amount (your portion of payment)

Please Do NOT:

- Use red ink
- Use a photocopy of the form
- Highlight receipts or any part of the form
- Staple your copied receipts to the form
- Write outside the boxes provided
- If faxing, fax the same form more than once
- Mail the same form that you have faxed
- Include this instruction sheet with your fax
- Submit expenses for multiple plan years on the same form

COVERAGE CODES – You must include a code on Section 2 of the form.

Medical codes

- 101 = co-payments
- 102 = over-the-counter medicines
- 103 = prescriptions or prescription co-pays
- 104 = general medical
- 105 = chiropractic/physical therapy
- 106 = in-patient hospital expense
- 107 = massage therapy
- 108 = counseling/psycho therapy
- 109 = weight/fitness management*
- 110 = cosmetic surgery & procedures*
- 111 = vitamins and supplements*
- 112 = orthotics
- 113 = electrolysis/hair restoration*
- 114 = hearing aids
- 199 = other medical

Dental codes

- 201 = co-payments
- 202 = general dental (cleanings, x-rays, crowns, implants, dentures)
- 203 = orthodontia
- 204 = teeth whitening, bonding, veneers*
- 205 = other dental
- Vision codes**
- 301 = co-payments
- 302 = over-the-counter vision (contact solutions, etc.)
- 303 = general vision (exams, glasses, contact lenses)
- 304 = non-prescription sunglasses*
- 305 = vision correction surgery

Other codes

- 999 = other

*Note: * indicates items that are generally not eligible health care expenses.*

New IRS Tax Dependent Definition:

A recent change to the Internal Revenue Code revised the definition of "dependent." Generally speaking, a qualifying child must reside with you for more than half the year and must not provide over half of his/her own support. A qualifying relative is an eligible individual if (1) you provide more than half of the individual's support, and (2) the individual is not a qualifying child of you or any other taxpayer. **Please note that any questions regarding the status of an individual as either a qualifying child or a qualifying relative must be discussed with a qualified tax advisor in conjunction with the provisions of your employer's plan.**

Questions? Need a list of eligible expenses? Go to www.mySHPS.com or call SHPS Customer Service at 1-800-283-3211.

REIMBURSEMENT FORM – HEALTHCARE EXPENSES

Use only CAPITAL LETTERS, completely fill in ovals,
and don't use red ink.

FAX TO: 1-866-643-2219 TOLL FREE

For additional expenses, please use next page.

XHXCXR

SECTION 1: YOUR INFORMATION

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

COMPANY NAME

Grid for Social Security Number or Employee ID (11 boxes)

Text box for Company Name

EMPLOYEE LAST NAME

EMPLOYEE HOME ZIP CODE

FOR SHPS ONLY

Grid for Employee Last Name (15 boxes)

Grid for Employee Home Zip Code (5 boxes)

Text box for SHPS Only

EMPLOYEE EMAIL

DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)

Text box for Employee Email

Grid for Daytime Phone Number (10 boxes)

SECTION 2: YOUR HEALTHCARE EXPENSES

EXPENSE 1
COVERAGE CODE (SEE PAGE 1)

DATES OF SERVICE (MMDDYY)
FROM

REQUESTED AMOUNT (DOLLARS . CENTS)

COVERED BY INSURANCE?

Grid for Expense 1 Coverage Code (3 boxes)

Grid for Expense 1 Dates of Service From (6 boxes)

Grid for Expense 1 Requested Amount (Dollars and Cents)

YES NO

Grid for Expense 1 Dates of Service To (6 boxes)

PATIENT DATE OF BIRTH (MMDDYY)

Grid for Expense 1 Patient Date of Birth (6 boxes)

EOB ATTACHED?

YES NO

EXPENSE 2
COVERAGE CODE (SEE PAGE 1)

DATES OF SERVICE (MMDDYY)
FROM

REQUESTED AMOUNT (DOLLARS . CENTS)

COVERED BY INSURANCE?

Grid for Expense 2 Coverage Code (3 boxes)

Grid for Expense 2 Dates of Service From (6 boxes)

Grid for Expense 2 Requested Amount (Dollars and Cents)

YES NO

Grid for Expense 2 Dates of Service To (6 boxes)

PATIENT DATE OF BIRTH (MMDDYY)

Grid for Expense 2 Patient Date of Birth (6 boxes)

EOB ATTACHED?

YES NO

EXPENSE 3
COVERAGE CODE (SEE PAGE 1)

DATES OF SERVICE (MMDDYY)
FROM

REQUESTED AMOUNT (DOLLARS . CENTS)

COVERED BY INSURANCE?

Grid for Expense 3 Coverage Code (3 boxes)

Grid for Expense 3 Dates of Service From (6 boxes)

Grid for Expense 3 Requested Amount (Dollars and Cents)

YES NO

Grid for Expense 3 Dates of Service To (6 boxes)

PATIENT DATE OF BIRTH (MMDDYY)

Grid for Expense 3 Patient Date of Birth (6 boxes)

EOB ATTACHED?

YES NO

SECTION 3: CERTIFICATION Please read Certification Statement thoroughly before signing.

I hereby certify that: • I have read and understand the instructions on page one.
• The information contained within this form is correct.
• I have not received reimbursement previously for these expenses from my Healthcare Account or any other plan and will not seek reimbursement by any other plan.

I understand that: • Reimbursement is not a guarantee that this payment is tax free.
• Healthcare expenses reimbursed through this account cannot be used as a deduction on my personal income tax return.

I hereby authorize release of payment through my Healthcare Account.

I hereby authorize SHPS or its representatives to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers, and all other agencies or organizations (this includes other insurers) to consider the claim for reimbursement under my Healthcare Account.

FAX: 1-866-643-2219 Toll Free

MAIL: SHPS Spending Accounts
PO Box 34740
Louisville, KY 40232

PHONE: 1-800-283-3211

Employee Signature _____ Date _____

XHXCXR

SECTION 4: YOUR INFORMATION (ABBREVIATED)

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

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EMPLOYEE LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYEE HOME ZIP CODE

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SECTION 5: YOUR ADDITIONAL HEALTHCARE EXPENSES

EXPENSE 4

COVERAGE CODE (SEE PAGE 1)

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DATES OF SERVICE (MMDDYY)

FROM

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TO

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REQUESTED AMOUNT (DOLLARS . CENTS)

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PATIENT DATE OF BIRTH (MMDDYY)

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COVERED BY INSURANCE?

YES NO

EOB ATTACHED?

YES NO

EXPENSE 5

COVERAGE CODE (SEE PAGE 1)

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DATES OF SERVICE (MMDDYY)

FROM

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TO

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REQUESTED AMOUNT (DOLLARS . CENTS)

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PATIENT DATE OF BIRTH (MMDDYY)

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COVERED BY INSURANCE?

YES NO

EOB ATTACHED?

YES NO

EXPENSE 6

COVERAGE CODE (SEE PAGE 1)

--	--	--

DATES OF SERVICE (MMDDYY)

FROM

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TO

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REQUESTED AMOUNT (DOLLARS . CENTS)

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PATIENT DATE OF BIRTH (MMDDYY)

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COVERED BY INSURANCE?

YES NO

EOB ATTACHED?

YES NO

EXPENSE 7

COVERAGE CODE (SEE PAGE 1)

--	--	--

DATES OF SERVICE (MMDDYY)

FROM

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TO

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REQUESTED AMOUNT (DOLLARS . CENTS)

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PATIENT DATE OF BIRTH (MMDDYY)

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COVERED BY INSURANCE?

YES NO

EOB ATTACHED?

YES NO

EXPENSE 8

COVERAGE CODE (SEE PAGE 1)

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DATES OF SERVICE (MMDDYY)

FROM

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TO

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REQUESTED AMOUNT (DOLLARS . CENTS)

\$

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PATIENT DATE OF BIRTH (MMDDYY)

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COVERED BY INSURANCE?

YES NO

EOB ATTACHED?

YES NO