SEATTLE AREA PLUMBING & PIPEFITTING INDUSTRY HEALTH TRUST

MAILING ADDRESS
P.O. Box 88970
Tukwila, WA 98138

PHYSICAL ADDRESS
5200 Southcenter Blvd, Ste #205
Tukwila, WA 98188

PHONE: (206) 694-1374
TOLL FREE: (888) 406-3246
FAX: (206) 788-8398

Medical Reimbursement Claim Form

Return by mail or fax

Information Required for Processing:

- ✓ Medical Reimbursement Claim Form – Please complete all sections in full
  - (Incomplete information may cause delays in processing)
- ✓ Itemized Bill/Super Bill
  - Receipts or patient bills are not acceptable
- ✓ A separate Claim Form must be completed for each different provider.

Section 1: Participant and Patient Information

Member's Name: _____

Member's Date of Birth: _____

Alt ID or Last 4 SSN: _____

Address: _____

Phone Number: _____

Patient Name: _____

Patient's Date of Birth: _____

Section 2: Provider Information

Provider's Name: _____

Provider's Address: _____

Provider's Phone #: _____

Provider's Tax ID #: _____

Provider's NPI #: _____

- Please complete and sign page 2 on reverse -

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Section 3: Claim Details

To help you complete the table below, you can request a superbill from your provider. A superbill is an itemized form that will contain the information below. Please complete this table and attach the superbill.

Date of Service	CPT Code or Service Code	ICD 10 Code or Diagnosis Code	Billed Amount

Member's Signature: _____ Date: _____