

Important Medical Reimbursement Claim Submission Information

Definition of “Incurred”

The term “incurred” refers to the date you or your eligible dependent is provided with the care that gives rise to the medical, dental, vision, prescription, or other qualifying expense. This date could be different than the date you are billed or pay for the expense.

Helpful Hints on How to Successfully File a Claim

- All documentation must clearly list the date the service was incurred, provider name, type of service, patient name, and your portion of the charge for the service. **Please print clearly to be sure your reimbursement is not delayed.**
- Expenses must be submitted to your Welfare Fund or other insurance prior to being submitted to the Supplemental Benefit Fund. You can then use the Explanation of Benefits (EOB) received from the welfare fund or insurance company as your expense documentation. **The EOB that you receive from your welfare fund or insurance company is the best source of expense documentation for use in submitting your claims.**
- **For dental and vision**, please be advised you must use your benefits under your insurance first. Once your maximum has been met, you may submit the Explanation of Benefits (EOB) for reimbursement through the Supplemental Benefit Fund.
- For prescription expenses, submit the prescription receipt you received with the medication purchased showing the patient name, medication name, the date the prescription was filled, and the amount owed for the medication. Cash register receipts or charge slips for prescription purchases cannot be accepted as they do not indicate the medication name or patient.
- Cancelled checks, “balance forward” statements, “previous balance” statements, “paid on account” statements or receipts, charge card receipts, or charge card statements are not acceptable forms of expense documentation according to the IRS as they do not clearly indicate the date or type of service.
- The list of eligible medical and dental expenses for which you may seek reimbursement are detailed in **IRS Publication 502 “Medical and Dental Expenses”** which can be found at www.irs.gov/publications/p502/index.html.
- To be eligible for reimbursement, claims must be submitted within six months from the date the expense was incurred.
- Keep copies of your claims.
- **If you have waived IBEW Local 163 Welfare coverage, you MUST submit current copy of your proof of coverage before BCA reimbursement shall be considered.**