

WHITMAN COUNTY LEOFF I BOARD
400 N Main Street, Colfax, WA 99111
(509) 397-5246
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MEDICAL EXPENSE CLAIMS PROCEDURE

INSTRUCTIONS FOR FILING A CLAIM FOR MEDICAL EXPENSES

1. **All claims must first be submitted to Medicare and all available medical benefits plans, group policies, or prepayment plans for payment.** After the insurance(s) payment or rejection, the member must submit a Medical Expense Claim Form accompanied by itemized billings indicating the balance due after insurance coverage, explanation of benefits statements for all insurance plans, and any rejection notices to the employer for payment. **The completed Medical Claim Form will also include information regarding the type of medical services or supplies, diagnosis of the attending health care provider, and the date of service. Please note that a separate Medical Claim Form is required for each service provider.**
2. If the employer is uncertain as to whether a claim is payable under the provisions of LEOFF I and the policies of the Whitman County LEOFF I Board, the claim and accompanying employer statement may be submitted by the employer to the Board for review.
3. It is the responsibility of the member to ensure that the claim is complete before forwarding it to the employer. The employee must submit all invoices, correspondence and documentation regarding a **claim to their current/employer retired from by the third Tuesday of each month**. Any claims submitted after that date will be held until the next regular or special LEOFF I Board meeting. The Board will not review claims that are incomplete or have not been submitted to the employer for payment first.
4. All claims, except prescription drug claims must be submitted to the employer within ninety (90) days of the treatment date. Failure to comply may result in rejection of the claim.
5. Prescription drug claims shall be submitted to the employer within twelve (12) months from the date of purchase. This policy shall apply to all prescription drug claims purchased on or after January 1, 2004.
6. If a member has received or is eligible to receive payment toward a claim from any other source including Medicare, medical benefit plans, group policies, or prepayment plans, the amount of these payments from other sources will be deducted from the claim amount approved by the Board.
7. Payment of any claim approved by the Board will be made by the member's employer, or former employer in the case of retired members.
8. All medical expenses/co-pays are the member's initial responsibility to pay. Claims for necessary medical services submitted to the Board shall be reimbursed to the member in the amount approved by the Board.