

DIABETIC DURABLE EQUIPMENT CLAIM FORM

PLEASE READ INSTRUCTIONS BELOW
BEFORE COMPLETING THE CLAIM FORM ON OTHER SIDE.

INSTRUCTIONS

- Employee, prescribing physician, and dispenser of durable equipment must complete this form.

- Attach itemized bill and receipt. **Medicare eligibles** must also attach a copy of the Medicare explanation of benefits denying the payment.

- Mail completed form to: ILWU-PMA Benefit Plans
1188 Franklin Street – Suite 300
San Francisco, CA 94109

NOTE: Not more than one Blood Sugar Monitor is provided per family. To verify eligibility for a benefit, contact the Benefit Plans office.

(OVER)

BEFORE COMPLETING THIS FORM, PLEASE SEE OTHER SIDE FOR INSTRUCTIONS.

Part I. - Employee Statement:

1. Employee _____ Local _____ Registration No. _____
(or Survivor) (PLEASE PRINT)
2. Address _____
(Street)

(City) (State) (Zip Code)
3. Patient _____ Relationship to Employee _____
4. Has Employee (or Survivor) filed a prior claim for Diabetic Durable Equipment benefit? YES NO
If answer is yes, date of claim ____/____/____
5. Employee's Signature _____ Date ____/____/____
(or Survivor's)
Telephone Number (optional): (____) _____

Part II. - Physician's Statement:

I hereby certify that I have prescribed a Blood Sugar Monitor for the purpose of self-administered blood sugar testing for
(Patient) _____.

I further certify this equipment to be medically necessary for monitoring a permanent condition.

Physician (PLEASE PRINT) _____

Address _____
(Street)

(City) (State) (Zip Code)

Signature _____ Date ____/____/____

Part III. - Diabetic Durable Equipment Dispenser (Dealer): (Benefit is not assignable.)

Blood Sugar Monitor was purchased on ____/____/____ for (Patient) _____

Equipment Description _____ Total Charge \$ _____

Dispenser _____
(Name)

(Address)

Authorized Signature _____ Date ____/____/____

PLEASE PROVIDE ITEMIZED BILL AND RECEIPT.

PLAN OFFICE USE ONLY									
Amt. Payable: \$	Examined:			Date:	Certified:	Date:			
Circle: Subscriber Code:	1	2	3	Patient Code:	1	2	3		
Copy to Claimant									