

IBEW Western Utilities Health Care Plan

(Medical or Vision Claims)

PO Box 99416

Troy, MI 48099

Phone: (925) 398-7050 or (855) 617-2478, Fax: (925) 297-6655

Information Required for Processing:

- ✓ Itemized bill reflecting proof of payment
- ✓ Provider's name, address, phone number & Tax ID
- ✓ Procedure Code (CPT) and Diagnosis Code (ICD)
- ✓ Cash register receipts alone are not acceptable

Member's Name: _____ Member's SS#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Patient Name: _____ Relationship: _____

Provider's Name: _____ Tax Id: _____

Provider's Address: _____

Provider's Phone #: _____

CPT: _____

ICD: _____

Date of Service	Provider	Billed Amount
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Member's Signature: _____ Date: _____