



City of Westfield, Massachusetts

REIMBURSEMENT FORM FOR INPATIENT HOSPITAL ADMISSION CO-PAY (\$250/ADMISSION)

EMPLOYEE:

EMPLOYEE NAME:		DEPT:
PAYROLL#:	SUBSCRIBER ID#:	CIRCLE PLAN ENROLLED IN: BCBS / HNE <input type="checkbox"/> IND <input type="checkbox"/> FAM

ADMITTED FAMILY MEMBER:

NAME:	RELATIONSHIP TO EE:
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ADMISSION INFORMATION:

DATES OF ADMISSION:	
1ST DAY	LAST DAY
HOSPITAL ADMITTED:	CITY / STATE:
AMOUNT REQUESTED FOR REIMBURSEMENT:	# OF ADMISSIONS: X \$250.00

EMPLOYEE ATTESTS THAT THE INFORMATION BEING SUBMITTED IS TRUE AND ACCURATE.
EMPLOYEE FURTHER UNDERSTANDS THAT IF FOUND NOT TO BE TRUE, IT COULD AFFECT THEIR
EMPLOYMENT AND THEY WOULD BE LIABLE FOR REIMBURSEMENT OF MONIES PAID BACK TO CITY.

EMPLOYEE SIGNATURE

/ DATE

DATE RECEIVED: /	COMPLETE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, NEED:
MEMBER CERTIFIED IN BCBS/HNE: <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBMITTED FOR PROCESSING BY / DATE:



City of Westfield, Massachusetts

INSTRUCTIONS FOR IN-PATIENT HOSPITAL CO-PAY REIMBURSEMENT

Submit the following documents:

1. City of Westfield In-patient Hospital Admission Co-pay Reimbursement Request Form
2. Copy of the Explanation of Benefits (EOB) from your insurance carrier (BlueCross BlueShield or Health New England) showing the Co-pay
3. Proof of payment of the Co-pay (copy of cancelled check, credit card statement, etc.)

Send the completed request form and documents to:

City of Westfield
Personnel Department
59 Court Street
Westfield, MA 01085



City of Westfield, Massachusetts

IN-PATIENT HOSPITAL ADMISSION CO-PAY REIMBURSEMENT

OVERVIEW –

The City of Westfield has agreed to reimburse employees covered by the City's health plans for **In-patient hospital admission co-pays**. The reimbursement of \$250 per admission is limited to a maximum of \$500 per plan year per individual/\$1,000 per plan year per family.

This does not apply to the \$250 annual deductible.

Claims incurred during the plan year must be submitted within 90 days after the plan year ends in order to be eligible for reimbursement. (*The City's health plan year runs from July 1st – June 30th.*)

Example: For claims incurred between 7/1/18 and 6/30/19, the claim form request must be received by the Benefits Department no later than 9/30/19. Any received after that date are ineligible for reimbursement.

Frequently Asked Questions (FAQs)...

Q: How do I get reimbursed for the \$250 In-patient Hospital Admission co-pay?

A:

1. Obtain an In-Patient Hospital Admission Reimbursement Co-Pay claim form from either the Personnel Department's Employee Benefits website or directly from the Benefit's office.
2. Complete the information on the form
3. Attach a copy of your Explanation of Benefits (EOB) and provider bill, if applicable along with proof of payment (copy of cancelled check, credit card payment statement, etc.).
4. Mail your claim form with attachments to:

City of Westfield
Benefits Department
59 Court Street Room 205
Westfield, MA 01085

Or fax to (413) 562-3466

5. If the In-patient hospital admission co-pay qualifies as a reimbursable co-pay, a check will be sent directly to you.

Q: I had Day Stay surgery done at a Hospital. Does this qualify?

A: If you had surgery done as an Outpatient, (i.e.: you went home the same day as the surgery), then no, this does not qualify for reimbursement. This reimbursement only covers **In-Patient admissions** where there is an overnight stay and you were charged a \$250 In-Patient Admission Co-Pay.

Who do I contact if I have questions?

You may contact the Benefits Department at the City of Westfield:

City Benefits Coordinator - (413) 572-6227 School Benefits Coordinator – (413) 564-3176