

How to Submit LEOFF claims for reimbursement

1. All claims for medical reimbursements **must** include the following:
 - Claims reimbursement form
 - Provider's statement (statement from health care provider)
 - Proof of payment (receipt)
 - Explanation of benefits (EOB) from Medicare Advantage, and/or Regence. If you are covered by both Medicare and Regence, an EOB from **both** will need to be submitted.

There is no need to submit EOB'S that show \$0 or no patient responsibility.

2. Please tape prescriptions in date order on a letter sized piece of paper. Do not include the pharmacy drug interaction (patient advisory) section.
3. Claims for long term care, hearing aids, claims that are not covered by insurance, and for the dental claims that exceed the annual allowable amount of \$600 must be deemed medically necessary by member's attending health care provider. Members are required to seek pre-approval by submitting [An Application for Payment of Services](#) that will go before the LEOFF Disability Board for consideration **prior** to any medical/dental procedure being done.
4. Reimbursement claims **must** be submitted within one calendar year from date of service.
5. If you have a change of address, phone or email, please check the appropriate box located on the upper right hand corner of the Claims Reimbursement form or contact the Human Resources Dept. as soon as possible. Otherwise, reimbursements and retirement checks may take longer to receive from our Accounting department.
6. Vision Care- Refer to the [LEOFF policies and procedures](#) online for benefit information and allowable expenses. MedAdvantage members are covered under Vision Services Plan (VSP) and must first submit their vision claim to insurance for the \$200 hardware benefit.

We hope that this summary helps simplify the reimbursement process. Thank you in advance for following these procedures. If there are any questions or concerns, please contact Carl Watts at (360) 753-8305 or cwatts@ci.olympia.wa.us.