OPEH&W Health Plan
www.opehw.com

Reimbursement for Dependent Child Accidental Injury

Member's SSN

All fields marked "*" are required. Complete clearly in Blue or Black ink only.

If a Covered Dependent Child receives Covered Services in an emergency room, urgent care facility or minor emergency center for an accidental injury, the Plan will pay for the first $500 of your out-of-pocket costs for that claim, or, if your out-of-pocket costs for that claim are less than $500, the lesser amount.

- In order to receive this benefit, you must notify the Plan that such a claim has occurred.
- To notify the Plan of the claim, you must complete this Form, attach a copy of the Explanation of Benefits (EOB) for the claim, then mail them both to the Plan Administrators Office (address at bottom of page).
- If approved, the Plan will then have the Claims Administrator adjust the claim to accommodate the approved benefit.
- The Claims Administrator will re-process the claim, and pay any additional amounts to the Provider.
- The Provider should then reimburse the Member any amounts paid to the Provider (Out-of-Pocket) which are no longer required according to the reprocessed claim.
- Maximum reimbursement of $500 per Plan Year, per Covered Dependent Child.
- You will be notified in writing regarding the outcome of this request.

Required Information

Member's Name*

Dependent's Name*

Signature*

Date*

Attach Relevant Explanation of Benefits (EOB)

For Administration Use Only

Processed Date MM / DD / 20YY

Mailed Date MM / DD / 20YY

Processed By

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