



Reimbursement for Child Accident

Member's SSN								

How to Qualify

- » The OPEH&W Health Plan will reimbursement up to **\$500** of out-of-pocket costs a covered dependent child incurs for covered services received at an in-network emergency room, urgent care facility or minor emergency center for an accidental injury

How to Apply

- » In order to receive this benefit an application must be made
- » Applications must be made no later than **3-months** after the end of the plan year
- » Complete this application form
- » Attach an Explanation of Benefits (EOB) from BlueCross
- » Ensure it shows the accident claim the dependent child had during the plan year
- » Mail this form and the EOB to:

OPEH&W Health Plan
3851 E Tuxedo Blvd, Suite C
Bartlesville OK 74006

- » If approved, the accident claim will be re-processed
- » The OPEH&W Health Plan will pay the provider any amounts owed
- » The provider will reimburse the member any amounts owed

Reimbursement Application

Member's Name*	<input type="text"/>
Dependent's Name*	<input type="text"/>
Members Signature*	<input type="text"/>
Date*	<input type="text"/>

Administration Use Only

Processed Date	<input type="text"/>	Mailed Date	<input type="text"/>	Processed By	<input type="text"/>
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