MISSOULA
COUNTY

Missoula County
Employee Benefits Plan
200 W. Broadway
Missoula MT 59802-4292
(406)523-4876 Fax (406)523-4731

USE THIS FORM TO SELF-SUBMIT MEDICAL, DENTAL, OR VISION CLAIMS. SIMPLY ATTACH THIS TO YOUR CLAIM AND SEND TO MEDICAL BENEFITS FOR PROCESSING.

*******WHEN SELF-SUBMITTING FOR THE ALTERNATIVE BENEFIT, BE SURE TO ATTACH YOUR INVOICE SHOWING THE DATE OF SERVICE, PROVIDER, TAX ID, AND AMOUNT PAID IN FULL. ALL INCOMPLETE SELF-SUBMITTED FORMS WILL BE RETURNED BACK TO YOU DUE TO INSUFFICIENT INFORMATION. PLEASE SEE ATTACHED EXAMPLE.*******

GENERAL INFORMATION

EMPLOYEE/INSURED: ______________________________

SOCIAL SECURITY/ID # ______________________________

EMPLOYEE ADDRESS: ____

EMPLOYEE AGENCY/DEPARTMENT: ____________________________________

CONTACT #______________________________

NAME OF PERSON RECEIVING CARE: ________________________

****THIS FORM IS NOT TO BE USED IN LIEU OF THE ANNUAL INFORMATION REQUEST.****

Massage Envy

Massage Envy Missoula
We help you take care of you.

Tax id: 123456789

Insurance Receipt

Date: February 20, 2018

Client: Jane Doe
1111 Anywhere St
Someplace, MT
59801

Date	Description	QTY	Price	Line Total
19-Feb-18	90min Customized Massage	1	$ 80.00	$ 80.00
		Total Discount		

Subtotal	$ 80.00
Sales Tax	-
Total	**$ 80.00**

PAID IN FULL

Thank you for your business!

935 SW Higgins, Missoula, MT, 59803 | 406-721-9000 | clinic1116@massageenvy.com