MISSOULA COUNTY

Missoula County Employee Benefits Plan
200 W. Broadway
Missoula MT 59802
TC (406)523-4876 Fax (406)523-4731
Email: benefits@missoulacounty.us
www.mcebp.com

SELF SUBMITTAL CLAIM FORM

- Use this form to self-submit medical, dental, vision, and alternative medicine claims. Attach this form to your receipt/invoice and send to the benefits office for processing.
- Important: when submitting a claim be sure to attach your receipt/ invoice. The information must include the following: date of service, provider name and tax ID number, service rendered, and patient name. It and must show the amount paid in full. Handwritten receipts are not accepted.

General Information:

Employee/Insured name: _____

Insurance ID#: _____

Employee Address: _____

Employee Agency/Department: _____

Contact #: _____

Name of person receiving care: _____

I certify to the best of my knowledge, the statements made within this request are complete and true. I certify the medical expenses were necessary to treat a condition for myself, my dependents, and/or spouse. I authorize Missoula County Benefits to process this claim for reimbursement of services rendered.

Signature: _____

Date:_____