MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

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Missoula, MT 59802-4292

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Missoula COUNTY

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.

- Please attach your receipt/invoice with the following information:
  - Patient's name
  - Date of service
  - Provider name and tax ID number
  - Diagnosis and procedure codes may be required on some claims. Codes are not required for massage, vision materials or over-the-counter supplies. However, description of services or supplies is required.

- Receipts/Invoices printed on the provider's letterhead or from a register are acceptable. Handwritten receipts are not accepted.

- To process the claim MCEBP must have a current and valid W-9 form from the rendering provider. MCEBP will attempt to obtain a current copy and valid W-9 form if there is not one on file. This may delay the processing of your claim.

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: _____