

# SOUTHERN TIER BUILDING TRADES BENEFIT PLAN

202 WEST FOURTH ST. • JAMESTOWN, NY 14701 • PHONE (716) 664-4392

**TO BE COMPLETED AND SIGNED BY THE INSURED**

**PRESCRIPTION CLAIM FORM**

INSURED'S NAME	MARITAL STATUS MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	DATE OF BIRTH
HOME ADDRESS	TELEPHONE NUMBER	
INSURED'S SOCIAL SECURITY NUMBER	PATIENT'S NAME	
DESCRIPTION OF ACCIDENT OR SICKNESS		

IS THIS INJURY OR SICKNESS DUE TO: AUTOMOBILE ACCIDENT YES  NO  EMPLOYMENT YES  NO

HAVE YOU ENTERED A CLAIM UNDER YOUR HOME OWNER'S POLICY YES  NO

**MUST BE COMPLETED ON THE SPOUSE**

NAME (FIRST)	DATE OF BIRTH
SOCIAL SECURITY NO.	
EMPLOYER'S NAME AND ADDRESS	
NAME OF YOUR INSURANCE COMPANY	

**TO BE COMPLETED IF CLAIM ON DEPENDENT CHILD**

NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER
FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF SCHOOL ATTENDING	
NAME & ADDRESS OF EMPLOYER	

PAYMENT IS TO BE PAID DIRECTLY TO THE (SELECT ONE) INSURED  PROVIDER

I HEREBY AUTHORIZE ANY PHYSICIAN, DENTIST, HOSPITAL, PHARMACY, INSURANCE COMPANY, EMPLOYER OR ORGANIZATION TO RELEASE ANY INFORMATION REGARDING THE MEDICAL HISTORY, TREATMENT, DISABILITY, OR BENEFITS PAYABLE FOR THIS CLAIM, TO SOUTHERN TIER BUILDING TRADES BENEFIT PLAN. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

SIGNATURE OF INSURED \_\_\_\_\_ DATE \_\_\_\_\_

**PHARMACY CHARGES PRESCRIBED BY A PHYSICIAN - NO REIMBURSEMENT FOR OVER THE COUNTER DRUGS**

PRESCRIPTION NUMBER	DATE PURCHASED	NAME OF DRUG	QUANTITY PURCHASED	AMOUNT CHARGED	NAME OF PRESCRIBING PHYSICIAN

I HEREBY CERTIFY THE ABOVE PRESCRIPTIONS WERE DISPENSED.				<b>◀ TOTAL</b>
SIGNATURE	DATE	LICENSE NO.	PHONE NUMBER	
PHARMACY NAME (PRINT)	SOCIAL SECURITY OR I.D. NO.			

STREET ADDRESS \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**OFFICE USE ONLY**

<p><b>ELIGIBLE</b></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>DATE REC'D _____</p> <p>PROCESSED BY _____</p>	<p>REV. 5/92</p>
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