

INSTRUCTIONS

1. Fill in all information on application and sign where indicated. If you are a participant who is paying for or receiving continuation coverage (COBRA) under this Plan, indicate your name and your social security number in items 1 and 2 and omit item 5.
2. Submit original bills only, copies not acceptable.
 - A. Bills must be itemized stating CPT procedure codes, ICD9 Illness codes, dates of service and provider charges for services. Bills must be on Provider's letterhead.
 - B. Bills for services rendered by a MagnaCare provider, as well as all chiropractic, mental health and all therapies, should be sent directly to MagnaCare.

MAGNACARE - JIB (Local 3)
P.O. BOX DP1001
Garden City, NY 11530
1-877-624-6210
www.magnacare.com

CLAIMS COVERED BY MEDICARE:

Application must be completed and submitted with **all pages** of the explanation of benefit payment voucher from Medicare. It is not necessary to submit copies of the corresponding bills.

The recipient of benefits under this Plan, by applying for, and in fact accepting such benefits, agrees to reimburse the Plan for all such benefits received, from the proceeds of any claim, settlement, judgment or other recovery from a third party, or his insurer, whose conduct caused the injuries which were the basis for the claim for benefits under this plan.