



## 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. Attach your bill(s) to this form and mail to **MagnaCare** at the address below.
  - A. A separate claim form must be completed for each patient.
  - B. All bills must be itemized, include the provider's Tax ID number, diagnosis code(s) and procedure code(s).
  - C. When **Medicare** is the primary insurance, paper claims are required for the following services:
    - Covered services rendered by the Veteran's Administration;
    - The shingles (Zostavax) vaccination;
    - Hearing aid devices;
    - Diabetic needles and syringes;
    - Foreign travel claims; and
    - All coordination of benefit claims.

**MAGNACARE INC. – JIB (LOCAL 3)**  
**P.O. BOX 1001**  
**Garden City, NY 11530**  
**1-877-624-6210**  
**www.magnacare.com**

### **Claims covered by Medicare for dates of service prior to August 1, 2011:**

Applications must be mailed to the Pension, Hospitalization and Benefit Plan 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.

**All claims must be filed within one year following the date of service. Any claim that is not submitted within a 12-month period will be denied as untimely.**