



Dependent Child Accident Reimbursement Form

Member's SSN								

How to Qualify

- » The OPEH&W Health Plan will reimburse up to **\$500** of out-of-pocket costs incurred for a covered dependent child for covered services received at an emergency room, urgent care facility or minor emergency center for an accidental injury.

How to Apply

- » To receive this benefit, this reimbursement request for must be submitted by the member
- » Reimbursement requests must be made no later than **3-months** after the end of the plan year
- » Complete this application form
- » Attach an Explanation of Benefits (EOB) from BlueCross & BlueShield
- » Ensure it shows the accident claim the dependent child had during the plan year
- » Mail this form and the EOB to:

OPEH&W Health Plan
3851 E Tuxedo Blvd, Suite C
Bartlesville OK 74006

- » Reimbursement checks are mailed directly to the Member

Reimbursement Application

Member's Name*	<input type="text"/>
Dependent's Name*	<input type="text"/>
Members Signature*	<input type="text"/>
Date*	<input type="text"/>

Administration Use Only

Processed Date	<input type="text"/>	Mailed Date	<input type="text"/>	Processed By	<input type="text"/>
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