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## 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\*

[illegible]

Dependent's Name\*

[illegible]

Members  
Signature\*

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Date\*

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## Administration Use Only

Processed  
Date

MM / DD / 20YY

Mailed  
DateMM / DD / 20YYProcessed  
By

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