

Security Benefit Fund
of the
UNIFORMED FIREFIGHTERS ASSOCIATION
204 EAST 23rd STREET ♦ NEW YORK, N.Y. 10010
Telephone 212-683-4723

SURGICAL ANESTHESIA BENEFIT CLAIM
(See Instructions on Reverse Side Before Completing Form)

(PLEASE PRINT)

Name of Firefighter _____ Social Sec No. _____ Badge No. _____

Address _____ Tel.() _____ Unit & No. _____

If Claim is for Dependent:

Relationship to
_____ Firefighter _____ Age _____

Name of Hospital in which Anesthesia was administered _____ Address of Hospital _____

Date confinement began _____ Date discharged _____

Surgical Procedure for which anesthesia was administered _____ Date anesthesia administered _____

Name of Doctor administering Anesthesia _____ Address of Doctor _____

Bill for administration of anesthesia attached check()
Attach your paid Surgical Assistance Fund M.D.-35 form to this claim or attach a detailed Surgeon's operative procedure statement.

Attach – G.H.I Anesthesia Payment Slip.

Date _____ Signature of Firefighter _____

For Fund Office Use Only

Claim No _____

1. Eligibility of Firefighter or department and claim file verified o
2. Date and type of operation verified with Surgical Assistance Fund: _____

3. Benefits amount _____
Comments _____

Paid by _____ Reviewed _____
Check _____ / _____ Approved for _____
No. _____ Date _____ Payment _____

FIRST FILE WITH YOUR HEALTH COVERAGE FOR ANESTHESIA, AND SURGICAL ASSISTANCE FUND FOR THE SURGERY INSTRUCTIONS

Do not use this form if you are applying for an anesthesia benefit in connection with a simple pregnancy for your wife or yourself (if female Firefighter). A separate form is available for maternity anesthesia benefits.

Answer all questions on the form that are applicable. Be sure you attach the bill from the doctor administering the anesthesia. Bill must show to whom the anesthesia was administered, and when administered, and must be signed by doctor.

This anesthesia benefit is not payable for anesthesia by the operating surgeon or his/her assistant, nor for the services of a resident physician or intern of the hospital.

HIP MEMBERS

If HIP facilities and doctors are used, file anesthesia claims with HIP for full reimbursement – **Do not file with Security Benefit Fund.**

If you did not use HIP facilities or doctors file anesthesia claims with security Benefit Fund with a note attached stating that you did not use HIP facilities or doctors.

GHI MEMBERS

File for anesthesia with GHI for payment – when you receive your payment, the portion remaining after check is removed must be sent to Security Benefit Fund along with the necessary forms for reimbursement.

Note – This benefit will be expedited if the member attaches the paid duplicate copy of the Fire Department Surgical Assistance Fund – Form M.D.-35.

In the event that the member is not a participant in the Surgical Assistance Fund, or failed to file a claim with the Surgical Assistance Fund, he or she must enclose a detailed surgeon's statement of the operative procedure or a hospital transcript describing the surgery performed, the patient's name, date of operation, in order to establish a basic fee rate for the surgery.

The completed form should be returned to the Fund office. If you are eligible for anesthesia benefits, a benefit check will be mailed to your home.

CUT OFF DATE:

One year from date of Surgery and Administration for Anesthesia.

IF YOUR HEALTH INSURANCE PAID THE ANESTHESIA BILL IN FULL, DO NOT FILE WITH SECURITY BENEFIT TRUST.

NOTE – CHANGE OF ADDRESS

If you have changed your address from one previously listed with Security Benefit Fund, this claim cannot be processed until we have a "Change of address" form filled out, or a new enrollment card with new address on file in this office.