

# IBEW Local # 81 Benefit Credit Account Claim Form



IBEW Local # 81  
 425 Eagle Rock Avenue, Suite 105  
 Roseland, NJ 07068  
 P: 888-335-0133  
 F: 973-228-4240

Member's Name (print in full)		Group #	Member ID#
Home Address		Daytime Phone #	Cell #
		<b>REQUIRED***Total reimbursement request \$</b> _____	
<b>PATIENT INFORMATION</b>		<b>Date Range of Services from / / to / /</b>	
Name		Date of Birth	Please indicate your qualifying expenses below. DO NOT include expenses reimbursed by any other source. Attach copies of bills, receipts, Explanations of Benefits (EOB's) or other claim documentation as specified by your plan. Documentation must include dates of service, description of service, provider's name and the expense amount. Cancelled checks and/or credit card statements or receipts are NOT sufficient proof of your claim.
Relationship to Member Self   Spouse   Child   Other (specify)		Sex Male   Female	
<b>Description (Please list a brief description below of services - ie: Deductible, RX co-insurance, Co-pay, etc...)</b>			
<b>CLAIM CERTIFICATION:</b> I certify these expenses for which reimbursement is requested from my Benefit Credit Account have been incurred by me, my spouse or eligible dependent(s) and are not payable by any other benefit plan/program. I will not claim credit for these expenses on my individual tax return.			
Member's Signature _____		Patient's Signature _____	
Date _____		Date _____	

\* Please attach copies of bills, receipts, EOB's or other claim documentation as specified. Documentation must include dates of service, description of service, provider's name and the expense amount. Cancelled checks and/or credit card statement/receipts are NOT sufficient proof of your claim. Individual claim forms must be submitted for each patient.

Claims may be faxed to 973-228-4240 (10 pages or less);  
 Emailed to: [info@fabianbyrn.com](mailto:info@fabianbyrn.com);

Or mailed to: Fabian & Byrn, LLC T/P/A  
 IBEW Local # 81  
 425 Eagle Rock Ave., Suite 105  
 Roseland, NJ 07068

