



Bronze Medical Plan
Maternity Deductible Reimbursement Claim Form
Lubbock ISD
Risk Management Office
1628 19th
Lubbock TX 79401

NAME OF EMPLOYEE	EMPLOYEE ID
EMPLOYEE'S ADDRESS (NO. STREET, CITY, STATE, ZIP)	
CONTACT NUMBER or EMAIL	CAMPUS/LOCATION
PROVIDER NAME (Hospital or Delivery Doctor)	
PROVIDER ADDRESS (Hospital or Delivery Doctor Address)	
PATIENT NAME (Employee or Dependent)	DATES OF SERVICE (Usually the hospital stay) or DUE DATE

AUTHORIZATION: THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE ANY PHYSICIAN, SURGEON, PRACTITIONER OR OTHER PERSON, AND HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITALS, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION, OR ORGANIZATION, TO RELEASE TO EACH OTHER ANY MEDICAL OR OTHER INFORMATION ACQUIRED, INCLUDING BENEFITS PAID OR PAYABLE, CONCERNING THIS OR OTHER DISABILITIES. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL, AND DELIBERATE MISREPRESENTATION OR FRAUD BY THE INSURED OR ON BEHALF OF THE INSURED SHALL RENDER VOID ANY AND ALL POLICIES AND/OR CERTIFICATES ISSUED BY THE LUBBOCK I.S.D. HEALTH BENEFIT PLAN.

Employee's Signature _____ Date _____

For Office Use Only:

753.00.6497.MY.000.00.0.00

Proper documentation received

Amount BCBS confirmed paid towards deductible for maternity. \$ _____

Claim ID _____

Verification Signature: _____ Date: _____

Prepared By: _____ Date: _____



PLEASE FOLLOW ALL REQUIREMENTS LISTED BELOW TO FILE YOUR BRONZE MEDICAL PLAN MATERNITY REIMBURSEMENT CLAIM:

1. Complete the claim form in full.
2. Go to the Go! Fit! Win! Wellness site and watch the Maternity Video or call Sharon Grant with iaWellness for further questions.
1-806-765-7265
3. Mail the completed claim form to: LISD Risk Management, 105 West, 1628 19th St, Lubbock, TX 79401.

For questions about this claim procedure please call the Risk Management Office at (806) 219-0283.