LUBBOCK I.S.D. EMPLOYEE HEALTH BENEFITS PLAN

HIP

Hospital Income Plan
Risk Management Office
1628 19th
Lubbock TX 79401

COMPLETE THIS SECTION

NAME OF EMPLOYEE	EMPLOYEE ID NUMBER
EMPLOYEE'S ADDRESS (NO. STREET, CITY, STATE, ZIP)	
CONTACT NUMBER or EMAIL	CAMPUS/LOCATION

COMPLETE THIS SECTION FOR A HOSPITAL STAY

DATE ADMITTED:	DATE DISCHARGED:
****PLEASE ATTACH A DETAILED BILL SHOWING EACH DAY YOU (THE EMPLOYEE) WERE CHARGED FOR ROOM AND BOARD BY THE FACILITY.****	

COMPLETE THIS SECTION FOR GYM MEMBERSHIP/JENNY CRAIG/WEIGHT WATCHERS

☐ GYM MEMBERSHIP ☐ JENNY CRAIG ☐ WEIGHT WATCHERS (ONLY ONE MAY BE CHOSEN)	MONTH BEING CLAIMED: ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JULY ☐ AUG ☐ SEPT ☐ OCT ☐ NOV ☐ DEC
****CLAIMS ARE ONLY PROCESSED 30 DAYS BACK SO PLEASE DO NOT HOLD YOUR CLAIMS.****	
IF CLAIMING GYM MEMBERSHIP: ☐ LOG SHOWING AT LEAST 10 VISITS PER MONTH ☐ RECEIPT/CONTRACT SHOWING PAYMENT	IF CLAIMING JENNY CRAIG OR WEIGHT WATCHERS: ☐ LOG SHOWING AT LEAST 2 PARTICIPATIONS PER MONTH ☐ RECEIPT SHOWING PAYMENT

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: (HIP)

Proper documentation received ☐
Date admitted_____
Date discharged_____
Number of days paid_____
Date processed_____
PA #_____

For Office Use Only: (GYM/WEIGHT LOSS)

Completed claim form? ☐
Log showing visits/participation? ☐
Receipt showing payment? ☐
Date processed_____
PA #_____