

Process to reimburse employees/subscribers for
inpatient hospital co-pay and differences
for Emergency Room & Office Visit Co-pays

Employees/subscribers **must** send a receipt for the
co-pay along with the co-pay reimbursement form
attached to:

Maureen Leary
Group Benefits Strategies
15 Midstate Drive, Suite 110
Auburn, MA 01501

Reimbursements will apply for services received from
July 1, 2008 to June 30, 2009.

Checks will be processed in approximately
7 to 10 working days after receipt.

Any questions please call Maureen at GBS
at 800-229-8008, ext. 11.

Thank you.

Town of Seekonk

Co-Pay Reimbursement Form

Employee/Subscriber Name: _____

Plan
(HMO New England or Blue Care Elect): _____

Claim Type: _____ Emergency Room Co-Pay

_____ Office Visit Co-Pay

_____ Inpatient Co-Pay

Mailing Address for Reimbursement:
