

CO-PAY REIMBURSEMENT FORM

SEATTLE POLICE RELIEF ASSOCIATION
11030 E Marginal Way S, Tukwila WA 98168

GROUP # 4053

		/	/
Subscriber social security number:	Subscriber name:	Birth date:	
		/	/
Relationship of patient to subscriber:	Patient name:	Birth date:	
		Y	N
Address:	City:	State:	Zip
		New address?	

SPRA reimburses up to \$15 for prescription co-pays and up to \$10 for office co-pays. **Submit this form along with a printout from the pharmacy and/or provider's office every few months**, or the Aetna Explanation of Benefits, or attach individual receipts which has provider info, patient, etc. If submitting the individual receipts, please tape (do not staple) small receipts below and use extra sheets if needed. If you choose to submit them this way, please submit every month or two so there is not a huge stack! **Make sure each receipt is completely visible**, as they are scanned into a computer for processing. Do not submit cash register receipts. Use a separate form for each person.

Claim reimbursement process takes three to four weeks. (There is a 12-month timely filing limit; claims beyond that will not be paid. Further, if not covered by the primary insurance (at 80% or 100%), it will not be covered by SPRA). Thank you!