

Non-Medical Alternate Plan - Claim Form

Mail this completed form and documentation to:

Plano ISD Benefits Department
Attn: Alternate Plan Claims
6301 Chapel Hill Blvd
Plano, TX 75093

Acceptable documentation may include itemized bills, form UB4 or UB92. Documentation must include the following: employee's name, inpatient billing code, room and board charges, dates and times of admission and discharge, diagnosis, hospital/facility name and address.

Employee Information		
Name	SS#	Date of Birth
Street Address	Daytime Phone #	
City	State	Zip Code

Claim Information
Hospital/Facility Name
Diagnosis/Explanation of hospital stay
Was this hospital stay due to a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification
I certify that the above information is true and correct, and that I am eligible to submit this claim under the Non-Medical Alternate Plan. I understand that the information provided on this form and the documentation included with my claim will be used for the purpose of processing this claim and performing health plan administration. The Plano ISD will maintain confidentiality as required and permitted by law.
Employee Signature
Date

*We suggest you make a copy of this paperwork for your records.
You will receive an Explanation of Benefits (EOB) after your claim is processed. Please keep your EOBs for later reference.*