



December 18, 2013

Effective immediately, we have amended our breast pump benefit. This benefit is listed on page 26 of your Plan Document. Preferred Administrators will reimburse you for the purchase of a portable double electric non-hospital grade breast pump up to \$200 dollars *or* up to \$50 dollars for supplies if you already have a breast pump. You can purchase these items at any retailer or pharmacy and in order to be reimbursed you will need to submit the following:

1. Complete the enclosed Member Reimbursement Form
2. Attach the receipt
3. Attach the prescription from your OB Provider

Please mail or fax these items to:

Preferred Administrators

P.O. Box 971370

El Paso, TX 79997-1370

Fax# 915-298-7863

Please note that you can purchase these items with your FSA debit card. If you have any questions about this benefit, please call our Customer Service Department available Monday to Friday from 7 am to 5 pm at 915-532-3778 press 4 and then extension 1529. We are here to assist you!

Respectfully,

Preferred Administrators



**MEMBER REIMBURSEMENT FORM**

**Please complete all information requested. An incomplete form may either delay your reimbursement or may be returned for additional information. Reimbursement is not guaranteed. Claims will be reviewed, subject to limitations, exclusions and other provisions of the Plan Benefit.**

Date Submitted: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Phone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provider/Facility Name: \_\_\_\_\_

Provider/Facility Address: \_\_\_\_\_

Date (s) of Service: \_\_\_\_\_

Please respond to the questions below in order to be able to determine how to process this request.

**1) Was this service an emergency? Please briefly describe the incident.**

**2) Was this service an elective procedure?**

Please attach a copy of your receipt or claim and an itemized medical statement for services rendered. We will contact you or your Provider if additional information is required. You will receive a phone call from our TPA Department telling you whether your claim was paid or denied within a week of receipt of your claim form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mailing Address: Preferred Administrators Fax# 915-298-7863 Phone# 915-532-3778  
P.O. Box 971370  
El Paso, TX 79997-1370

***For Administrative Use Only***

Notes:

TPA Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_