

December 18, 2013



Dear Preferred Administrators Member:

Effective immediately, we have amended our breast pump benefit. This benefit is listed on page 25 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 and up to \$50 dollars for supplies. 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# 915-225-1174

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 8 am to 5 pm at 915-532-3778 press 4 and then extension 1529. We are here to assist you!

Respectfully,

Preferred Administrators



BREAST PUMP 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. **Please note that all reimbursement checks will be made out to the Member.**

Date Submitted: _____ Member Name: _____

Date of Birth: _____ Member ID: _____

Phone Number: _____ Social Security Number: _____

Date(s) of Service _____ Reimbursement Amount _____

Provider/Facility Name: _____

Provider/Facility Address: _____

****NOTE:** Preferred Administrators will reimburse you for the purchase of a portable double electric non-hospital grade breast pump up to \$200.00 once every 5 years or up to \$50.00 once per pregnancy 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 this form with the following:

- The receipt of purchase.
- The prescription from your OB Provider.

Method of Check Reimbursement

- Check box if you want check mailed: ☐
- Check box if you want to pick up at Preferred Administrators ☐

Signature: _____ Date: _____

Mail or fax form to: Preferred Administrators
P.O. Box 971370
El Paso, TX 79997-1370
Fax# 915-225-1174

If you have any questions, please contact Preferred Administrators at 915-532-3778 ext. 1529.

For Administrative Use Only

Signature: _____ Date: _____

Approved: ☐ Denied: ☐ Approved Reimbursement Amount: \$ _____

Notes:

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