

DIABETIC DURABLE EQUIPMENT CLAIM FORM

Before completing this form, please see other side for instructions.

Part I. Employee Statement:

- 1. Employee \_\_\_\_\_ Local \_\_\_\_\_ Registration No. \_\_\_\_\_  
(or Survivor) (Print)
- 2. Address \_\_\_\_\_  
Street City State Zip Code
- 3. Patient \_\_\_\_\_ Relationship to Employee \_\_\_\_\_
- 4. Has Employee (or Survivor) filed a prior claim for Diabetic Durable Equipment benefit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If answer is yes, date of claim \_\_\_\_\_
- 5. Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(or Survivor's)

Part II. Physician's Statement:

I hereby certify that I have prescribed a Blood Sugar Monitor for the purpose of self-administered blood sugar testing for \_\_\_\_\_

(Patient)

I further certify this equipment to be medically necessary for monitoring a permanent condition.

Physician (print) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Signature \_\_\_\_\_ Date \_\_\_\_\_

Part III. Diabetic Durable Equipment Dispenser (Dealer): (Benefit is not assignable.)

Blood Sugar Monitor was purchased on \_\_\_\_\_ for \_\_\_\_\_  
(Patient)

Equipment Description \_\_\_\_\_ Total Charge \$ \_\_\_\_\_

Dispenser \_\_\_\_\_  
Name Address

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide itemized bill and receipt.

Plan Office Use Only

Amount Payable \$ \_\_\_\_\_ Examined \_\_\_\_\_ Date \_\_\_\_\_ Certified \_\_\_\_\_ Date \_\_\_\_\_

Circle: Subscriber Code 1 2 3 Patient Code 1 2 3

Copy to Claimant

## INSTRUCTIONS

- Employee, prescribing physician, and dispenser of durable equipment must complete this form.
- Attach itemized bill and receipt. Medicare eligibles must also attach a copy of the Medicare explanation of benefits denying the payment.
- Mail completed form to: ILWU-PMA Benefit Plans  
1188 Franklin Street  
San Francisco, CA 94109  
Telephone: (415) 673-8500

**NOTE:** Not more than one Blood Sugar Monitor is provided per family. To verify eligibility for a benefit, contact the ILWU-PMA Welfare Plan office.

## **DESCRIPTION OF DIABETIC DURABLE EQUIPMENT BENEFIT**

### **WHO IS ELIGIBLE**

- **Persons with Welfare Plan eligibility who are not eligible for Medicare.**
- **Persons with Welfare Plan eligibility who are eligible for Medicare, whose physician prescribes a Blood Sugar Monitor as medically necessary, but who are not insulin-dependent and therefore not covered under Medicare for this benefit.**

### **WHAT IS COVERED**

**The benefit covers a Blood Sugar Monitor, when prescribed by a physician as medically necessary to monitor a permanent condition.**

### **AMOUNT OF BENEFIT**

**Usual, customary and reasonable charges, as determined by the Welfare Plan Trustees.**

### **LIMITATIONS, EXCLUSIONS**

- **Benefit is not provided for equipment purchased prior to effective date as provided in applicable 1987-1990 collective bargaining agreement.**
- **Only one Blood Sugar Monitor is provided per family.**
- **Benefit is not provided for injection devices or any other kind of equipment except a Blood Sugar Monitor.**
- **Diabetic supplies (needles, insulin, syringes, test tapes and tablets, Benedict's solution or equivalent) are not covered under this benefit. These items are covered under the regular health plan prescription drug benefit.**
- **Medicare eligibles who are covered for Medicare-allowed equipment under their regular plan are not covered under this program.**

### **FILING A CLAIM**

**Diabetic Durable Equipment Claim Forms are available at your Local and the Welfare Plan office. Claim forms must be completed by the eligible participant and the prescribing doctor, and mailed with receipts to the Welfare Plan office. Medicare eligibles must first file a claim with Medicare, and must include a copy of the Medicare explanation of benefits denying payment when submitting a claim form to the Welfare Plan office.**

### **CLAIMS REVIEW PROCEDURE**

**Requests for review of a denied Diabetic Durable Equipment claim should be submitted to the Welfare Plan office. The Claims Review Procedure is described completely in your Welfare Plan Summary Plan Description.**