

# COCOPAH INDIAN TRIBE

## PPO: SSA MEXICO PPO NETWORK

Southwest Service Administrators, Inc.

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GILSBAR - Third Party Administrator

### BILLING STATEMENT

**Use this form to apply for Plan Benefits. (NOTE: Was your condition caused by an on-the-job injury or illness? If so - do not complete this form; instead, contact your employer who will assist you in filing your Workmen's Compensation claim.)**

**INSTRUCTIONS - READ THE "HOW TO OBTAIN BENEFITS" SECTION OF YOUR PLAN BOOKLET.**

1. Employees must complete Part A.
2. Have your doctor complete Part B.

PART A	EMPLOYEE'S STATEMENT	MUST BE COMPLETED BY EMPLOYEE	PLEASE PRINT
1. EMPLOYEE NAME		2. BIRTH DATE MO.      DAY      YR.	3. PID ID#
4. ADDRESS <input type="checkbox"/> CHECK HERE IF NEW ADDRESS	CITY	STATE	ZIP
5. PHONE NO.			
6. EMPLOYER		7. ADDRESS	8. PHONE NO.
9. SPOUSE'S NAME	9A. BIRTH DATE MO.      DAY      YR.	10. SPOUSE'S EMPLOYER	11. PHONE NO.
12. CLAIM IS FOR: <input type="checkbox"/> SPOUSE <input type="checkbox"/> SELF	<input type="checkbox"/> CHILD	13. DEPENDENT'S NAME	13A. RELATIONSHIP
14. BIRTH DATE MO.      DAY      YR.			
15. IS THIS CLAIM FOR AN ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. IF YES - WHERE DID IT HAPPEN?	16A. WHEN? MO.      DAY      YR.	17. DID THIS ACCIDENT/INJURY OCCUR ON THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. DESCRIBE WHAT HAPPENED			
<b>19. EMPLOYEE STATEMENT AND AUTHORIZATION TO RELEASE INFORMATION:</b> I hereby certify that the foregoing statements, including any accompanying statements, are to the best of my knowledge and belief true, correct, and complete. I hereby authorize any physician or any hospital to furnish and disclose all known facts concerning this disability. I will reimburse the fund for any overpayment made to me or in my behalf due to error on this form. I understand that it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make false statements on this benefit claim form.			
Employee Signature: X _____		Date _____	
CLAIM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE		MO.	DAY      YR.

**QUESTIONS? PHONE (602) 249-3582**

**TOLL FREE 1-800-474-3485**

**SE HABLA ESPAÑOL**



