How to submit / upload your Relief Association Medical/Dental Claim

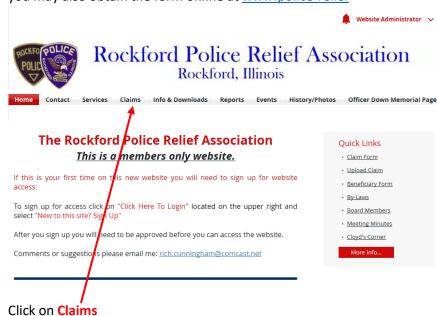
1. Organize your medical/dental bills.

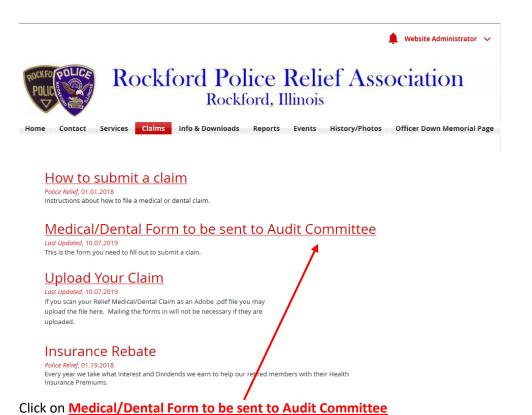
With each medical/dental bill place the matching EOB with it.

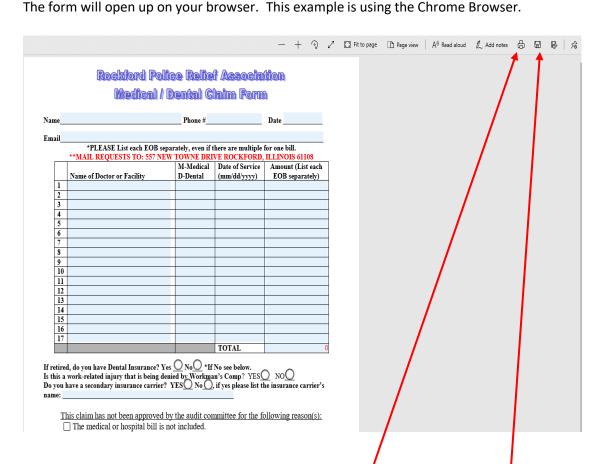




 Obtain a Claim Form. These are available at each District Headquarters or you may also obtain the form online at www.police-relief







You can fill out the form here online then click the **printer image** to print the form. To save a blank copy of the form just click the printer image to print.

If you wish to save the form to your computer click the **floppy disk shape**.

3. Fill out the Claim Form

Rockford Police Relief Association Medical / Dental Claim Form

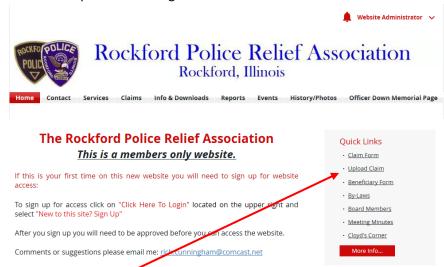
mail mem	ber@relief.com			
	*PLEASE List each EC			
	**MAIL REQUESTS TO: 55			
	N CD . E W.	M-Medical	Date of Service	Amount (List each
_	Name of Doctor or Facility	D-Dental	(mm/dd/yyyy)	EOB separately) \$ 346.00
	Rockford Orthopedic Association Rockford Orthopedic Association	M	01-09-2019	\$ 346.00
-	Rockford Orthopedic Association	M	01-15-2019	\$ 67.40
-	Or. Leonard Bernstein DDS	D	01-16-2019	\$ 80.00
5	Di. Leonard Bernstein DD3		01-10-2018	9 00.00
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16 17 retired,	, do you have Dental Insuran work-related injury that is be ave a secondary insurance ca	ng denied by Workma	an's Comp? YES	\$ 574.50
retired, this a wo you haame:	is claim has not been appro The medical or hospital b The Explanation of Benef The bill and the EOB are Exceeds annual \$2000.00 Ma: Exceeds annual \$750.00 denta Eye exams must be performed	oved by the audit corrier? YES No ved by the audit corrier ill is not included. Its (EOB) is not included different amounts (parameter in the year all limit	No see below. an's Comp? YES[, if yes please list the mmittee for the followed. blease explain wh	NO N
retired, this a wo you haame:	is claim has not been appro The medical or hospital b The Explanation of Benef The bill and the EOB are Exceeds annual \$2000.00 Mai Exceeds annual \$750.00 denta	ing denied by Workmarrier? YES No ved by the audit cor ill is not included. its (EOB) is not incl different amounts (paintern for the year all limit by an Ophthalmologis	No see below. an's Comp? YES[, if yes please list the mmittee for the followed. blease explain wh	NO he insurance carrier's ollowing reason(s):
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4. Place the Claim Form on top of your bills and EOBs. If you are going to mail the Claim mail it to:

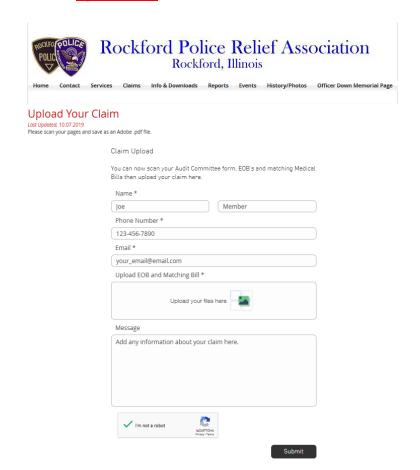
Rockford Police Relief Association 557 New Towne Drive Rockford, IL 61108

How to Upload your Claim

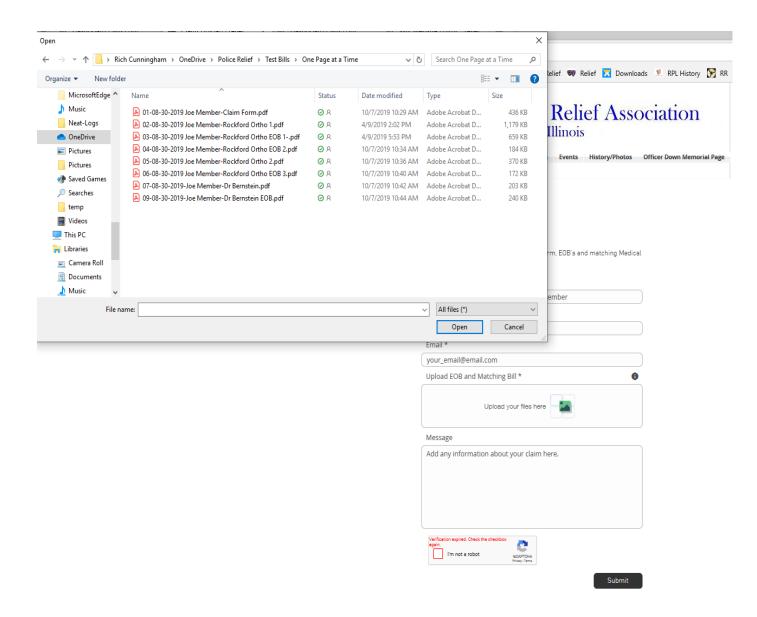
- 5. Scan your claim and save as an Adobe .pdf file
- 6. Go to www.police-relief.org.



7. Click on Upload Claim



8. Fill out the form and click on the <u>Upload your files here</u> box.



- 9. When this box opens go to the folder where your scanned Claim Form is kept. Select the file then click open. If you have individual files for each page of your claim, select all files then click open.
- 10. Click submit. Your claim is now uploaded.