

EBMS for Wyoming Miner's Hospital Fund
Prescription Claim Form
(For already registered members)
Updated 1-18-2018

Please help us to properly process your claim for benefits under your employer-sponsored health plan in conjunction with the Wyoming Miner's Hospital plan, by completing this claim form. **Remember that prescription drug benefits are payable if due to cardiac, respiratory, musculoskeletal and hearing conditions and are due to "labor in the mining industry" and only those charges that are out of pocket expenses after primary insurance pays.** All bills must show patient's name, date of service, name of drug and an itemization of charges.

Name of Employee: _____ Date of Birth: _____

Miner's ID: _____ Group: 0004443

Claims must be submitted by June 30th of the following year.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any provider, insurance company, employer or organization to release any information regarding medical, mental, dental, alcohol or drug history, treatment, or benefits payable, including disability or employment related information concerning this claim to EBMS or authorized agents for the purpose of validating and determining benefits payable in connection with this claim. A photo copy of this authorization shall be considered as effective and valid as the original. (The plan will not reimburse any provider charges for this release.)

Date: _____

Registered Miner Signature – I certify that the foregoing information is true and correct.

Any person who knowingly and with intent to defraud any employee benefit plan, insurance company, or other person files a statement contain any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.

Send this claim form and all documentation to:

EBMS, Inc.
P.O. Box 21367
Billings, MT 59104-1367
Toll Free [\(877\) 240-2435](tel:8772402435)
Fax [\(406\) 652-5380](tel:4066525380)