

WHITMAN COUNTY LEOFF I BOARD
400 N Main Street, Colfax, WA 99111
(509) 397-5246
FAX (509) 397-6355

DATE:

TO: LEOFF I RETIREE

FROM: LEOFF I BOARD

RE: REQUEST FOR MEDICAL PAYMENT/REIMBURSEMENT

Dear Retiree:

It is very important that you or your provider submit your bills directly to Medicare and the insurance company to reduce the chance for loss, error, or additional waiting time for payments and/or reimbursements. The County will not process your medical requests for reimbursement or pay any medical claims until **you** have fulfilled these processing obligations.

****Please read carefully and follow all instructions.****

Since you are enrolled in Medicare Part B:

1. Submit the attached medical bill to Medicare as your Primary Insurance.
2. Submit any balance(s) to other insurance company(ies) you have.
3. Submit any balance(s) to Whitman County's insurance company.
4. Submit any remaining balance(s) to:

Retired Whitman County Members

ATTN: Maribeth Becker, CMC
Whitman County
PO Box 470
Colfax, WA 99111

Retired City of Colfax Members

ATTN: Lynda
City of Colfax
PO Box 229
Colfax, WA 99111

Retired City of Tekoa Members

ATTN: Kynda
City of Tekoa
PO Box 927
Tekoa, WA 99033

Only after items #1, #2, and #3 above have been met will the LEOFF I Board review your remaining balance(s) to determine the appropriate reimbursement or payment level.

Should you have any questions, please call Maribeth Becker at (509) 397-6202.

WCLIB #11