

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 the insurance company to reduce the chance for loss, error, or additional waiting time for payments and/or reimbursements. The County/City 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 not enrolled in Medicare Part B:

1. Submit the bill to insurances you have privately as your **Primary Insurance**.
2. Submit any balance(s) to Whitman County's insurance company as your **Secondary Insurance**.
3. Submit any remaining balance(s) and explanation of benefits (paid/rejected) 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 and #2 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 contact Maribeth Becker at (509) 397-6202.