



# City of Chelsea

## Human Resources

City Hall, 500 Broadway Room 301  
Chelsea, Massachusetts 02150

Phone 617-466-4170

Fax 617-466-4175

### CO-PAYMENT REIMBURSEMENT REQUEST

#### INSTRUCTIONS

Please forward all completed requests for reimbursement to: **Human Resources Department**  
City Hall, 500 Broadway, Room 301, Chelsea, MA 02150.

#### EMPLOYEE/PATIENT INFORMATION

<b>Employee Name:</b>	<b>HCHP Number:</b>
<b>Patient Name:</b>	<b>Relationship to Employee:</b>

#### HOSPITAL/FACILITY INFORMATION AND SERVICES PROVIDED

**Name of Hospital or Facility:**

CHECK APPROPRIATE BOX	DATES	
<b>Inpatient Hospital Stay = \$300.00</b>	<b>Admittance Date:</b>	<b>Discharge Date:</b>
<b>Emergency Room Visit = \$150.00</b>	<b>Date of Emergency Room Visit:</b>	
<b>High Tech Imaging = \$50.00</b>	<b>Date of High Tech Imaging Visit:</b>	

#### REIMBURSEMENT

I am applying for reimbursement of the above co-payment. This request is filed under the authority of the Memorandum of Agreement (the "Agreement") entered into during FY 2016 between the City and the Chelsea Public Employee Committee ("PEC") for the purpose of reimbursing subscribers for the above copayments incurred throughout the duration of the aforementioned Agreement. The Reimbursement Policy of the Agreement allows for reimbursement of copayment charges as applied under the City's Harvard Pilgrim Health Care plans. Reimbursement is applicable to a maximum amount per fiscal years as specified in the Agreement.

To receive reimbursement, subscribers shall submit evidence of payment for their co-payment amount to the Human Resources Department within ninety (90) days of an inpatient hospital admission or upon the subscriber's discharge (whichever is longer), Emergency Room visit or imaging visit, e.g., MRI, PT, CT scans. The City understands in certain circumstances, billing may not be received by the subscriber within this time frame. In such instances and in accordance with the Agreement, requests with proper documentation may be submitted no later than September 30 of each year. I understand this request is subject to the approval of the City of Chelsea, who shall take into consideration such factors as the availability of the funds committed per the Agreement, the applicable reimbursement or payment appropriate by another party (ies) and any other factors deemed relevant. Reimbursement will be made in the following quarter if claims are submitted no later than thirty (30) days prior to the end of the quarter.

**IMPORTANT: This request must be submitted with the invoices and documentation, with appropriate identifying information shown, establishing that the co-payment has been paid for a covered subscriber.**

#### SIGNATURE

<b>Employee Signature:</b>	<b>Date:</b>
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#### FOR HUMAN RESOURCES DEPARTMENT USE ONLY

<b>Date Received by HR:</b>	<b>Received By:</b>
<b>Approved By:</b>	<b>Date:</b>