

REQUIREMENTS FOR SUBMISSION OF A CLAIM

The procedures outlined below must be strictly adhered to in the best interest of all members concerned.

1. Employee's Statement must be fully completed (all questions answered) and signed by the employee and the spouse, if spouse is the patient.
2. Employer's Statement must be completed and signed by the Plan Administrator and stamped with the Policyholder's stamp.
3. Attention Physician's Statement (reverse side of medical form) must be completed by the doctor, giving details of the treatment and fees. It is necessary that the diagnosis, the name of the injection and drugs be clearly stated, as this is vital for settlement.
4. It should also be noted that the patient's name on the reverse side of all claim forms (medical/dental/vision) must always be stated by the attending physician/dentist/optometrist/ophthalmologist ONLY and NOT BY THE INSURED. Failure to comply with the foregoing will result in the claim(s) being declined.
5. A receipt must be submitted for drugs supplied or tests done by the doctor in excess of twenty-five dollars (\$25.00). Receipts must also be submitted for Anaesthetist's fees, Obstetrician's fee and all Surgical Procedures. Referral to a Specialist by the Attending Physician must be indicated on the claim form or in a letter.
6. The time limit for submission of a claim is ninety (90) days from the date of loss. If treatment must continue beyond this period, written notice must be submitted with full details.
7. Supporting receipts/bills must be attached showing the following detailed information:-
8. Hospital:- The number of days spent and itemization of all charges incurred during the period of confinement. Also a breakdown of the medications/drugs used with corresponding charges.
9. X-rays and Lab Tests:- Patient's name, name of referring doctor, date of service, type of procedures (itemized if there is more than one) and corresponding charges.

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- (iii) Drugs:- The patient's name, name of prescribing doctor, date, prescription number, the name of the drug (itemized if there is more than one) and the corresponding charges. This also applies to repeat prescriptions.
- (iv) Vision:- Date of examination and itemization of charges.
- (v) Dental:- Itemization of charges.

It is the responsibility of the employees to submit properly documented claims and failure in doing so, increases our administration workload and time spent in following-up such claims.

In many instances, we have to obtain additional information from Doctors, Nursing Homes, Pharmacies etc., which can be otherwise utilized in improving the services to others, who have taken time to submit properly documented claims.

Your co-operation on the foregoing would be greatly appreciated since poor loss results will inevitably be reflected in increased premium costs.

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