

MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

Mailing Address: 200 West Broadway
Physical Address: 223 West Alder Street
Missoula, MT 59802-4292

P: 406.258.4876 | F: 406.258.4731
E: benefits@missoulacounty.us



Missoula
COUNTY

SELF SUBMITTAL CLAIM FORM

- Use this form to self-submit medical, dental, and vision claims. The average turnaround time to receive payment on a self-submit claim is 30 days. It may take additional time if further details are needed for claim processing.
- Please attach your receipt/invoice with the following information:
 - Patient's name
 - Date of service
 - Provider name and tax ID number
 - Diagnosis and procedure codes may be required on some claims. Codes are not required for massage, vision materials or over-the-counter supplies. However, description of services or supplies is required.
- Receipts/Invoices printed on the provider's letterhead or from a register are acceptable. Handwritten receipts are not accepted.
- To process the claim MCEBP must have a current and valid W-9 form from the rendering provider. MCEBP will attempt to obtain a current copy and valid W-9 form if there is not one on file. This may delay the processing of your claim.

Employee/Insured name: _____

Insurance ID#: _____

Employee Address: _____

Employee Agency/Department: _____

Contact #: _____

Name of person receiving care: _____

I certify to the best of my knowledge, the statements made within this request are complete and true. I certify the medical expenses were necessary to treat a condition for myself, my dependents, and/or spouse. I authorize Missoula County Benefits to process this claim for reimbursement of services rendered.

Signature: _____

Date: _____