EPISCOPAL CHURCH MEDICAL TRUST

Colleague Group Claim Reimbursement Form

Guidelines for submitting Colleague Group Claims

- This form is only for the submission of charges related to Colleague Group Benefits
- Date of birth must be included
- Attach any claims forms, receipts, or invoices to substantiate dates of service and fee charged
- **Payment is to reimburse Member**

Colleague Group Benefit

The colleague group benefit is available to employees and spouses for a total of 24, 90-minute sessions per year per family. Participants may use up to 12 of the 24 colleague group sessions for individual consultation. The plan will cover 70% to the maximum reimbursable fee (MRF) of $40.00. For example, if you participate in a colleague group and your facilitator charges $75.00 a session, the plan will reimburse $40.00 (70% of $75.00 is $52.50, but the MRF is $40.00). Member will be responsible for the remaining charges.

Submit the completed form:

Online: Go to CPG.org, sign in, and click Document Upload in the Resources section
Mail: The Episcopal Church Medical Trust, PO Box 2745, New York, NY, 10163
Fax: (212) 251-8891 (confidential fax)

A. Patient Information

Last Name	First Name	MI	Date of Birth
Home Address	City	State	Zip
Phone	Email		

B. Provider Information

Provider Name	Provider Tax ID	Provider License #
Provider Address	City	State Zip
Provider Phone	Email	
Provider Signature		

C. Claim Information

Description/Procedure Codes	**Date of Session**	**Charges**	**Reimbursement** (70% of charges to a MRF of $40)
Colleague Group CPT: 99199 Diagnosis: 799.9			
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Total Reimbursement Requested			

D. Member Signature Certification for Reimbursement

I certify that the information supplied is true and correct.

Member Signature	Date

E. The Episcopal Church Medical Trust Authorization

Signature	Date