HUDSON VALLEY COMMUNITY COLLEGE
CDPHP CO-PAY REIMBURSEMENT FORM

Subscriber Name: _____

Social Security #: _____

Member Name: _____
(If different from subscriber)

Date Submitted: _____

Contact Information: _____
(Phone or email)

Please attach receipts that show the co-pay amounts, provider and dates of service.
All claims must be submitted for consideration within 20 months from date of service.
Cash register receipts that do not indicate what the payment was for are not acceptable.

Your co-pay reimbursement must total a minimum of $20 before submissions can be made.

Submit this form and all attachments to:

Capital Benefits Consulting
PO Box 279
Wynantskill, NY 12198
E-mail: mrobert@capben.com (Maria Robert)

Capital Benefits will verify coverage and calculate amounts owed.
Payment will be made by HVCC on college check stock.
Checks will be processed once each month.

Please remember when paying with your Flexible Spending Account, you may only submit for $15 of the $25 co-payment. The remaining $10 is processed through the co-pay reimbursement program.

PCP and Specialist-HVCC reimburses $10.00

Urgent Care-HVCC reimburses $10.00

ER and Ambulance-HVCC reimburses $50.00

Hospital In-Patient Co-payment of $240.00 is NOT reimbursed under the co-payment reimbursement program.