



Rockford Police Relief Association Rockford, Illinois

How to submit a claim

Police Relief, 01.01.2018
Instructions about how to file a medical or dental claim.

Medical/Dental Form to be sent to Audit Committee

Last Updated, 10.07.2019
This is the form you need to fill out to submit a claim.

Upload Your Claim

Last Updated, 10.07.2019
If you scan your Relief Medical/Dental Claim as an Adobe .pdf file you may upload the file here. Mailing the forms in will not be necessary if they are uploaded.

Insurance Rebate

Police Relief, 01.19.2018
Every year we take what Interest and Dividends we earn to help our retired members with their Health Insurance Premiums.

Click on **Medical/Dental Form to be sent to Audit Committee**

The form will open up on your browser. This example is using the Chrome Browser.

**Rockford Police Relief Association
Medical / Dental Claim Form**

Name Phone # Date

Email

*PLEASE List each EOB separately, even if there are multiple for one bill.
****MAIL REQUESTS TO: 557 NEW TOWNE DRIVE ROCKFORD, ILLINOIS 61108**

	Name of Doctor or Facility	M-Medical D-Dental	Date of Service (mm/dd/yyyy)	Amount (List each EOB separately)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
			TOTAL	0

If retired, do you have Dental Insurance? Yes No *If No see below.
 Is this a work-related injury that is being denied by Workman's Comp? YES NO
 Do you have a secondary insurance carrier? YES No if yes please list the insurance carrier's name: _____

This claim has not been approved by the audit committee for the following reason(s):
 The medical or hospital bill is not included.

You can fill out the form here online then click the **printer image** to print the form. To save a blank copy of the form just click the printer image to print.

If you wish to save the form to your computer click the **floppy disk shape**.

3. Fill out the Claim Form

Rockford Police Relief Association Medical / Dental Claim Form

Name Relief Member Phone # (815) 123-4567 Date 08/30/2019

Email member@relief.com

***PLEASE List each EOB separately, even if there are multiple for one bill.**
****MAIL REQUESTS TO: 557 NEW TOWNE DRIVE ROCKFORD, ILLINOIS 61108**

	Name of Doctor or Facility	M-Medical D-Dental	Date of Service (mm/dd/yyyy)	Amount (List each EOB separately)
1	Rockford Orthopedic Association	M	01-09-2019	\$ 346.00
2	Rockford Orthopedic Association	M	01-10-2019	\$ 81.10
3	Rockford Orthopedic Association	M	01-15-2019	\$ 67.40
4	Dr. Leonard Bernstein DDS	D	01-16-2019	\$ 80.00
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
			TOTAL	\$ 574.50

If retired, do you have Dental Insurance? Yes No *If No see below.
 Is this a work-related injury that is being denied by Workman's Comp? YES NO
 Do you have a secondary insurance carrier? YES No , if yes please list the insurance carrier's name: _____

This claim has not been approved by the audit committee for the following reason(s):

- The medical or hospital bill is not included.
- The Explanation of Benefits (EOB) is not included.
- The bill and the EOB are different amounts (please explain why and re-submit).
- Exceeds annual \$2000.00 Maximum for the year
- Exceeds annual \$750.00 dental limit
- Eye exams must be performed by an Ophthalmologist
- Other _____

AUTHORIZED BY (INITIAL)			
Mary Ogden		Charles Jackson	
Charles Carlson		Rose Mathews	
Mike Cloyd		Anthony Piccirilli	
R. Cunningham		Marc Welsh	
Tom Gibbons			

QUESTIONS? PLEASE CALL
 Sgt. Mary Ogden – Cell: 815-312-8276 or
 Desk: 779-500-6636
 Rich Cunningham – Cell: 815-494-9854
 Mike Cloyd – Cell: 815-543-0603

**FYI Non-Insured Dental claims are paid annually in January the following year.*

4. Place the Claim Form on top of your bills and EOBs.
 If you are going to mail the Claim mail it to:

Rockford Police Relief Association
 557 New Towne Drive
 Rockford, IL 61108

How to Upload your Claim

5. Scan your claim and save as an Adobe .pdf file
6. Go to www.police-relief.org.

Website Administrator

Rockford Police Relief Association

Rockford, Illinois

Home Contact Services Claims Info & Downloads Reports Events History/Photos Officer Down Memorial Page

The Rockford Police Relief Association

This is a members only website.

If this is your first time on this new website you will need to sign up for website access:

To sign up for access click on "Click Here To Login" located on the upper right and select "New to this site? Sign Up"

After you sign up you will need to be approved before you can access the website.

Comments or suggestions please email me: rickcunningham@comcast.net

Quick Links

- [Claim Form](#)
- [Upload Claim](#)
- [Beneficiary Form](#)
- [By-Laws](#)
- [Board Members](#)
- [Meeting Minutes](#)
- [Cloud's Corner](#)

[More Info...](#)

7. Click on [Upload Claim](#)

Upload Your Claim

Last Updated, 10.07.2019
Please scan your pages and save as an Adobe .pdf file.

Claim Upload

You can now scan your Audit Committee form, EOB's and matching Medical Bills then upload your claim here.

Name *

Joe Member

Phone Number *

123-456-7890

Email *

your_email@email.com

Upload EOB and Matching Bill *

Upload your files here

Message

Add any information about your claim here.

I'm not a robot CAPTCHA Privacy - Terms

8. Fill out the form and click on the [Upload your files here](#) box.

The screenshot shows a web browser window with the Relief Association of Illinois website. An 'Open' file dialog is overlaid on the browser, showing a list of PDF files in the 'One Page at a Time' folder. The files are:

Name	Status	Date modified	Type	Size
01-08-30-2019 Joe Member-Claim Form.pdf	✓ R	10/7/2019 10:29 AM	Adobe Acrobat D...	436 KB
02-08-30-2019 Joe Member-Rockford Ortho 1.pdf	✓ R	4/9/2019 2:02 PM	Adobe Acrobat D...	1,179 KB
03-08-30-2019 Joe Member-Rockford Ortho EOB 1-.pdf	✓ R	4/9/2019 5:53 PM	Adobe Acrobat D...	659 KB
04-08-30-2019 Joe Member-Rockford Ortho EOB 2.pdf	✓ R	10/7/2019 10:34 AM	Adobe Acrobat D...	184 KB
05-08-30-2019 Joe Member-Rockford Ortho 2.pdf	✓ R	10/7/2019 10:36 AM	Adobe Acrobat D...	370 KB
06-08-30-2019 Joe Member-Rockford Ortho EOB 3.pdf	✓ R	10/7/2019 10:40 AM	Adobe Acrobat D...	172 KB
07-08-30-2019-Joe Member-Dr Bernstein.pdf	✓ R	10/7/2019 10:42 AM	Adobe Acrobat D...	203 KB
09-08-30-2019-Joe Member-Dr Bernstein EOB.pdf	✓ R	10/7/2019 10:44 AM	Adobe Acrobat D...	240 KB

The web form includes the following elements:

- Email * field with the value 'your_email@email.com'
- Upload EOB and Matching Bill * section with an 'Upload your files here' button and a file icon.
- Message field with the text 'Add any information about your claim here.'
- Verification expired. Check the checkbox again. I'm not a robot CAPTCHA.
- Submit button.

- When this box opens go to the folder where your scanned Claim Form is kept. Select the file then click open. If you have individual files for each page of your claim, select all files then click open.
- Click submit. Your claim is now uploaded.