



## **BENEFIT REQUEST INFORMATION**

- 1.** All claims must be accompanied by:
  - 1) A "Benefit Request" form;
  - 2) Itemized statements/ invoices/bills you receive from the provider of service;
  - 3) Explanation of Benefits from another insurance carrier, if applicable;
  - 4) A medical report with a detailed account of the illness, injury or loss sustained (provided by the physician or medical facility where treatment was received). The date, location and cause of the incident must be included.
- 2.** All claim forms must be completed in full and signed by the LRFA member or representative.
- 3.** The original documents or legible copies thereof is acceptable.
- 4.** A hospital or physician's statement simply stating the amount/balance due is not acceptable.
- 5.** Documents provided to the LRFA may be in English or Latvian.
- 6.** The LRFA retains the right to contact physicians, hospitals or other medical providers to release records pertaining to a treated illness/injury.
- 7.** Notice of the incident (accident/illness/loss) must be received by the LRFA within 30 days.
- 8.** Benefit requests submitted more than 6 months after the date of the incident will be rejected.
- 9.** Falsifying information will result in the refusal of benefits and or/dismissal from the enrollment in the LRFA coverage plan.
- 10.** Forward all claims to:

**LATVIAN RELIEF FUND OF AMERICA, INC.  
PO BOX 8857  
ELKINS PARK, PA 19027**