



LOUISIANA SECOND INJURY BOARD REQUEST FOR REIMBURSEMENT - FORM B

				SIF CLAIM #:
EMPLOYEE:			DATE OF ACCIDENT:	
CARRIER/SELF-INS:			CARRIER'S CLAIM #:	
EMPLOYER:			JCN #:	
	AMOUNT WEEKLY	FROM-TO DATES THIS SUBMISSION	TOTAL WEEKS	TOTAL AMOUNT PAID
TTD	\$			\$
PTD	\$			\$
SEB	\$			\$
DEATH	\$			\$
TOTAL INDEMNITY PAID THIS SUBMISSION				\$
TOTAL MEDICAL BENEFITS PAID THIS SUBMISSION				\$
TOTAL SETTLEMENT (INDEMNITY + MEDICAL) PAID THIS SUBMISSION				\$
TOTAL WC BENEFITS PAID THIS SUBMISSION				\$

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THE FORM B SUBMISSION

INDEMNITY REIMBURSEMENT REQUEST

Electronic print-out of indemnity payments shall include: date of payment, payee, benefit dates (from/thru), amount paid, and check or ACH number

MEDICAL REIMBURSEMENT REQUEST

- A. Electronic print-out of medical payments shall include: date of payment, payee, service dates (from/thru), amount paid, and check or ACH number
- B. Copies of all medical bills or EOBs ordered and numbered to correspond with electronic print-out (shall include patient info, provider info, date of service, CPT codes, ICD codes, and amount charged)

SETTLEMENT REIMBURSEMENT REQUEST

Signed petition, Judgement, Receipt and Release, Order from OWCA and a copy of the check or electronic print-out of payment which shall include: date of payment, payee, amount paid, and check or ACH number

THIRD PARTY RECOVERY

IS THERE ANY POTENTIAL TO RECOVER ALL OR A PORTION OF THE BENEFITS PAID TO THE INJURED EMPLOYEE FROM A THIRD PARTY? YES NO

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS REQUEST AND THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

Signature Print Name Date

Company: _____ Telephone: _____