

CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE ● CAPE GIRARDEAU, MO 63701 ● PHONE: 573-335-1867 ● FAX 573-335-1820

Cape Girardeau School Health Care Plan Alternative Plan Claim Form

Please fill out as much information as possible and fax to Mutual Medical at 309-674-5420.

Employee Name:	Employee Phone N	Employee Phone Number:	
Patient Name:	Number of Attache	Number of Attached Pages:	
ember ID:Date of Fax:			
Seeking Reimbursement for:	(check one)		
	ment Plan (MRP) – <i>I have deductibles, coinsurance</i> the other insurance's Explanation of Benefits (EO	2 7 7	
_	olled in Maxi Plan and have Rx copays from using my send Pharmacy Receipts.	Prescription Drug cardfor	
	crolled in the Maxi II Plan and have out-of-pocket expe d the other insurance's Explanation of Benefits (E0		
	pocket expenses that my Primary Insurance did nation of Benefits (EOB), or Pharmacy Receipt.	ot pay. Please send the other	
Date of Service	Name of Provider/Pharmacy	Phone # of Provider	
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