



Shared Strength · Trusted Care

# Internal Claim Form

This form must be completed by the member and submitted with an invoice or receipt.  
If you have questions, please contact III-A Benefits Manager at 208-938-8199

III-A Subscriber Name:	
Patient Name:	
Mailing Address:	
City, State, Zip:	
Email:	
Phone:	
III-A Agency/Employer:	
Check written to:	

Service Type	Documentation Required		Amount
Acupuncture Reimbursement	Paid Receipt	<input type="checkbox"/>	
Air Ambulance	EOB	<input type="checkbox"/>	
Hearing Aid Reimbursement (pay member)	Paid Receipt	<input type="checkbox"/>	
Hearing Aid Payment Request (pay provider)	Invoice	<input type="checkbox"/>	
Hearing Protection Reimbursement (see below)	Paid Receipt	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	
<b>Total Payment</b>			

Hearing Protection Definition: Hearing protectors reduce the noise exposure level and the risk of hearing loss.

Approved Types of Hearing Protection:

- Earplugs: pre-formed and hand-formed (without radios)
- Noise Muffs: all authorized (without radios )
- Ear Canal Caps
- Helmets

By signing this form, you attest that you will not seek additional reimbursement, including vouchers or any other form of prescription coupons. The signor also attests that the submitted invoice has been paid in full.

Signature:	Date:
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**Submit completed claim form and invoice or receipt to:**

**Scan & Email:** claims@iii-a.org

**Fax:** 208-575-6423

**Mail to:** III-A, Attn: Internal Claims, PO Box 190477, Boise, ID 83719