



Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND
701 E Tudor Suite 200 • Anchorage, AK 99503
(907) 276-1246 • (800) 478-1246 • Fax: (907) 278-7576
www.aetf.com



Medical/Dental Reimbursement Request

If your provider does not bill insurance directly please use this form to request reimbursement and attach all supporting documentation.

MEDICAL ID# _____ CONTACT PHONE# _____

PATIENTS NAME: _____

EMPLOYEE NAME: _____

PROVIDERS NAME, ADDRESS, PHONE NUMBER AND TAX ID
IF NOT ON THE RECEIPT FROM THE PROVIDER

In order to reimburse you for services the receipt or superbill must have the following:

- Date of service
- Patients name
- Zero Balance and/or receipt as proof of payment
- Current Medical procedural code (CPT) example: 99214
- Current Dental Code (ADA)
- Medical Diagnosis Code (ICD-10)

Please be advised the payment will be sent to the address on file.

If you have further questions please call the Administrative Office.

***In order to receive payment for your claims, you must maintain a current Annual Medical/Dental Update form for you and each of your eligible Dependents.

If you or your dependent have other coverage that is primary, please be sure to also attach a copy of the Primary Insurance Explanation of Benefits.

Please allow up to 30 days for processing.