



# LOUISIANA SECOND INJURY BOARD REQUEST FOR REIMBURSEMENT - FORM B

EMPLOYEE:		SIF CLAIM #:		
CARRIER/SELF-INS:		DATE OF ACCIDENT:		
EMPLOYER:		CARRIER'S CLAIM #:		
		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				\$
<b>TOTAL WC BENEFITS PAID THIS SUBMISSION</b>				<b>\$</b>

**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: \_\_\_\_\_