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PLUMBERS LOCAL UNION No. 690 HEALTH FUND
of Philadelphia and Vicinity

2791 Southampton Road, Philadelphia, PA 19154

THOMAS J. MCNULTY
Administrator

MAJOR MEDICAL PLAN
CLAIM APPLICATION FOR GENERAL MEDICAL BENEFITS

(215) 677-6900

PART A — Must be completed by the Member

Name _____ Address _____ Phone No. _____
PLEASE PRINT — STREET — CITY — STATE — ZIP CODE

Social Security No. _____ Do You Have Other Insurance? ☐ Yes ☐ No List Any Other Insurance _____

DATE _____ MEMBER'S SIGNATURE _____

DO NOT OVERLOOK — VERY IMPORTANT

PLEASE ATTACH RECEIPTED BILLS FOR ALL EXPENSES LISTED ON THIS PAGE

PART B — Medical Expenses

Date	Charge	Type of Service Rendered (X-ray, Lab Work) Describe in Full

PART C — Surgical Expenses

Date	Charge	Type of Surgery — Please Describe Service Rendered in Detail (Surgeon - Asst. Surgeon - Anesthesiologist)

PART D — Doctor's Office Expenses

Date	Charge	Date	Charge	Date	Charge	Date	Charge	Date	Charge	Date	Charge