



# Legal Fee Reimbursement Form

The Legal Fee Reimbursement when executing qualified legal documents that include the establishment of decision-making authority for healthcare needs such as:

- Power of Attorney
- Will and Testament
- Advanced Healthcare Directive
- Living Trust

## SUBMISSION INSTRUCTIONS

**Your benefit maximum allowance reimbursement of \$100 per calendar year.** To receive a reimbursement for fees, you must complete this form and include a **copy of your receipt.**

**Reimbursement requests must be received by SCAN within your benefit period.** Any remaining balance will be available for use during your SCAN membership for the remainder of the contract year. For your remaining balance amount, please contact SCAN Member Services at: 1-800-559-3500 (TTY 711).

## PERSONAL INFORMATION

Member Identification Number:		Date of Birth (MM/DD/YYYY):
First Name:	Last Name:	Middle Initial:
Phone Number: (    )		Email Address:
Street Address:		
City:	State:	Zip Code:

## REIMBURSEMENT INFORMATION

Company Name:		Type of Service:
Street Address:		
City:	State:	Zip Code:
Date of Service (MM/DD/YYYY):		
Amount of Reimbursement Request:		
Additional Comments:		

I certify that the information provided is complete and accurate and that I have not previously submitted above the allowed amount for these services within this calendar year.

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL THIS FORM AND SUPPORTING DOCUMENTATION TO:**

Please submit the required above information to one of the following ***within the calendar year:***

By Mail:

P.O. Box 22616

Long Beach, CA 90801-5616

ATTN: Member Services

By Fax:

Fax Number: 1-562-989-5181

ATTN: Member Services

**CONTACT INFORMATION**

If you have any questions, please call your SCAN Member Services at: 1-800-559-3500 (TTY 711).

Hours are 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m., Monday through Friday.

Y0057\_SCAN\_20398\_2023\_C IA 12162022