

APPLICATION FOR BENEFIT IN SURGICAL ASSISTANCE FUND

Date \_\_\_\_\_

Retired ( )

Widow ( ) Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Town State Zip Code

Rank: \_\_\_\_\_ Unit No. \_\_\_\_\_ Div. \_\_\_\_\_ Date Retired \_\_\_\_\_

Name of Patient \_\_\_\_\_ Age of Patient \_\_\_\_\_ Years

Relationship to Member \_\_\_\_\_ If child, give Date of Birth \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Doctor Used: HIP \_\_\_\_\_ GHI \_\_\_\_\_ Private \_\_\_\_\_ Others \_\_\_\_\_

Date/Dates of Operation: \_\_\_\_\_

One of the following must accompany this claim:

An Official Medical Document, such as a Hospital Operation Report, MD-48, GHI bill, Anesthesia bill, a statement from the Doctor, etc., **that states the name of the patient, diagnosis, full nature of the procedure and the date the procedure was performed.** (Coded medical evidence cannot be used by this office)

NOTE: Receipt of claims will only be acknowledged when claimant encloses a stamped, self-addressed post card with claim.

ANESTHESIA AND/OR SERVICES OF ANESTHESIOLOGISTS ARE **NOT** COVERED BY THE FUND.

CLAIMS 1 YEAR OR OLDER WILL NOT BE CONSIDERED UNDER ANY CIRCUMSTANCES.

ONLY DEPENDENT CHILDREN **UNDER** 19 YEARS OF AGE (INCLUDING FULL TIME STUDENTS) ARE ELIGIBLE FOR BENEFITS.

X \_\_\_\_\_  
(SIGNATURE OF MEMBER)

-----DO NOT FILL IN BELOW-----

(For S.A.F. Use Only)

Date of Entrance in Fund \_\_\_\_\_ Benefits Received since June 30 \_\_\_\_\_ \$ \_\_\_\_\_

Case No. \_\_\_\_\_ Date \_\_\_\_\_

Amount to be Paid by Fund \_\_\_\_\_ Basic Fee Rate \_\_\_\_\_

Amount Deducted from Basic Fee Rate \_\_\_\_\_ Check No. \_\_\_\_\_

## SURGICAL ASSISTANCE FUND

## Basic Fee Rate for Most Common Procedures

				Jan-23
Colonoscopy	75			
Hysteroscopy	50-65			
GI Endoscopy (EGD)	50-65			
Cystoscopy	35			
Bronchoscopy	50-75			
Scope w/biopsy	50-65			
Scope w/curettage	50-65			
Scope w/polypectomy	50-65			
Sigmoidoscopy	25-35			
Cataract Removal (Each Eye)	50-75			
Eye Surgery	35-75			
Macular Degeneration Per Inj.	10			
Lasik Eye Surgery	150			
Skin Lesion(s) Excision	10-15			
MOHS	25-35			
Keratosi Actinic	10-15			
Keratosi Seb.	10-15			
Abscess Incision and Drainage	5-10			
Cardiac Catherization	75			
Cardiac Catheization w/stents	100			
Cardiac Pacemaker Insertion	100			
Cardiac Bypass (Quad)	200-300			
Carotid Stenosis	100-175			
Lumbar Disk Surgery	100-150			
Lumbar Disk Fusion	100-150			
Knee Replacement (One Side)	150			
Knee Replacement (Two Sides)	275			
Knee Arthroscopy	75-100			
Bone Fracture (Casting)	35 - 50			
Bone Fracture Open	50-100			
Bone Graft	50			
Shoulder Replacement	150			
Rotor Cuff Arthroscopy	100			
Hip Replacement	150			
Hip Replacement (two Sides)	275			
Hip Screw	100			
Prostate Biopsy	35			
Prostate Seeds Implantation	75			
Prostate Resection	150			
TURP	150			
Lithotripsy	50			
C-Section	250			
Child Birth	250			
D&C	50-75			

Hysterectomy	150		
Inguinal Hernia	125		
Appendectomy	125		
Excision Breast Mass	75		
Mastectomy (Each Side)	125		
Needle Biopsy	35		
Myringotomy (Each Side)	75		
Tonsillectomy	100		
Laparoscopic Cholecystectomy	125		
Hammertoe	75		
Carpal Tunnel	75		
Sinus Polyps	75		
Lumbar Injections (Each)	10		
Hemorrectomy	125		
Port Placement or Removal	35		
Vasectomy	150		
Varicose Vein	35		
Stiches	25-50		
Kidney/Bladder Stone Removal	50-100		
Chemotherapy (each)	5-10		
Colon Resection	150		
Nail Debridement	5		
Complex Surgeries	150-200		
Invitro	100		
Fee modifier based on high paid copayment	25-50		

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