



DIOCESE OF BAKER

PASTORAL OFFICE
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Fax Memo

Date: _____

Time: _____

To: ABS

Number of pages (including this one): _____

Fax Number: (586) 693-4321

From: _____ (Print)

_____ (Signature)

Re: Out of Pocket claims paid – seeking plan reimbursement

Plan Name: Diocese of Baker

Group #: 24680036

Member ID#: _____

I recently paid directly out of pocket for the attached claim and am submitting the claim for processing for any applicable insurance reimbursement.

I am faxing both the itemized bill as well as proof of payment at this time.

Thank you for your courtesy in regards to this request.

**Please use this form for Medical, Dental, and/or Vision claims only.