

Long Term Care Provider Service Report

For accurate and timely review of your claim, we will need to gather specific information. The following is information we need from your provider. Your help in gathering documentation is greatly appreciated as it will decrease delays.

Member Name: _____ Subscriber Number: _____

Group Name: _____ Group Number: _____

Please have your service provider complete the following information:

Name of Provider: _____

Date of First Day of Service (Move-In Date for Facilities): _____

Provider Service Type:

- Nursing Home Assisted Living Home Health Care Adult Day Care Respite Care

Address: _____ City: _____ State: _____ Zip Code: _____

Facility Contact Person Name: _____

Facility Contact Person Email: _____

Phone Number: _____ Fax: _____

Please have your provider send the following:

From a Nursing Home or Assisted Living Facility

- Initial Facility Plan of Care
 Facility License: A document showing that the Facility is licensed or certified
 Tax Identification number _____

From a Home Health Care Provider or Adult Day Care Center

- Initial Provider Assessment
 Schedule of Services (days of week, number of hours weekly)
 Facility License (if applicable)
 Tax Identification number _____

Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

Don't forget to save your work to your computer or device often.

You can submit forms and correspondence to us in whatever way works best for you ...

Postal Service

Address your envelope to:

WEA Trust

PO Box 259537

Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:

<https://weatrust.org/secure-file-upload-1>

Email

Attach your scanned or electronically completed forms to an email and send to us at:

customerservice@weatrust.org

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.