



HEARING AID BENEFIT

Voucher for Reimbursement

Faculty Association Suffolk Community College Benefit Fund
c/o Daniel H. Cook Associates
1040 Avenue of the Americas – 24th Floor
New York, New York 10018

Active

Enhanced Retiree

Basic Retiree

NAME OF PATIENT

Name of Member (please print)

Patients DH Cook Subscriber/Member ID Number

Patients DH Cook Subscriber/Member ID Number

Relationship to Member Date of Birth

Address

Date of Service

City

State

Zip Code

Fee Charged

Signature of Member

PLEASE ATTACH COPY OF EOB (EXPLANATION OF BENEFITS) FROM EMPIRE BLUE CROSS BLUE SHILD. SUBMIT COMPLETED VOUCHER TO ABOVE ADDRESS.