



Young Galvanizing
GSF0365

EGP Reimbursement Submission Form

Employee Name: _____

Patient Name: _____

For **deductible and copayment** reimbursements please submit a legible copy of the Highmark BC/BS Explanation of Benefits (EOB) and a copy of the statement/receipt from the Provider indicating that Highmark BCBS payment has been made.

For **prescription drug expense reimbursements** submit a copy of the prescription receipt. Please note that the cash register tape is not an acceptable document; it must be the receipt from the bag.

Please forward all required documents, along with this form, to Enterprise Group Planning (EGP) via one of these methods:

- Mail to: Enterprise Group Planning
5910 Harper Road
Solon, OH 44139
- Email: cindylaux@egp-inc.com
- Fax: 440.349.4268

Please call Cindy Laux with any Medical Reimbursement questions.
1.800.229.2210 ext. 114