

INSTRUCTIONS FOR OP 505

1. Required Enclosures:

- a. Proof of Payment
ie: Either copy of cancelled checks or copy of receipted paid bill on the doctors or vendor letterhead.
- b. Detailed bills that reflect the nature of the medical services rendered and prescriptions for items purchased. (CPT-4 code(s) per office visit and/or per treatment(s), including surgery) (See Below For Examples of Information Needed)
- c. Copy of the OP 198 approved by the Medical Bureau granting line-of-duty status for the period of absence.
- d. Accident and/or incident report.
- e. Notices of reimbursement from GHI, Medicare and private health insurance plans. GHI-CBP subscribers using participating physicians should include copy of the reimbursement notices sent to their doctors by GHI.

2. Mailing Instructions:

Sign the original OP 505 and one (1) copy. Mail original, copy and enclosures to:

The New York City Board of Education
Division of Personnel
Claims Unit - Medical Bureau
Room 10 - 2nd Floor
65 Court Street
Brooklyn, New York, 11201

EXAMPLES RE PARAGRAPH 1b, ABOVE

1. ANESTHESIA - How long administered (In hours and minutes)?
2. X-RAYS - What body part(s) was x-rayed. How many views were taken?
3. LABORATORY - What testing was done? Why? (Charge(s) per test MUST be shown)
4. PHYSICAL THERAPY - Length of session (In hours and/or minutes)?
5. PSYCHOTHERAPY - Length of session (In hours and/or minutes)?
6. CPT-4 - Physician's Current Procedural Terminology - is a standard classification used to identify and report procedures and services performed by or under the direction of a physician.