INSTRUCTIONS FOR OP505

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 partipating 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 Ib, 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.

NOTE

INSTRUCTIONS FOR OP505 and OP505A ARE IDENTICAL