

**USING IGRC UNITED METHODIST
HEARING AID PROGRAM FOR RETIREES**

(AFTER YOU HAVE ENROLLED)

A. TO USE A COOPERATING HEARING AID CLINIC

1. Call and make your hearing test and/or aid appointment, letting the clinic know you will be using the IGRC United Methodist Hearing Aid Program for Retirees as a retired United Methodist Pastor (spouse).
2. When your fitting is completed, if the procedure costs less than \$500.00, pay the bill. **Anything under \$500.00, or the first \$500.00 of a more expensive procedure, is your responsibility.**
3. If you wish to finance your payments, ask your clinic to submit a detailed bill showing your \$500 payment to **Preachers' Aid Society and Benefit Fund, PO Box 19207, Springfield, IL 62794-9207**. Payment will be made directly to the clinic and you will shortly receive repayment instructions.

B. TO USE A DENTIST NOT IN OUR SYSTEM

1. Contact your clinic and ask if their practice would consider being a part of the IGRC United Methodist Hearing Aid Program for Retirees program. If they would, please contact the Preachers' Aid Society and Benefit Office via phone (217-529-3221) or e-mail (keanderson@igrc.org or csims@igrc.org) and give us instructions on sending enrollment information to your clinic.
2. Once we have received the enrollment information, we will contact you to let you know that your clinic is or is not an IGRC United Methodist Hearing Aid Program for Retirees cooperating office.

C. IF YOUR DENTIST DECLINES PARTICIPATION we will let you know and you may either:

1. Continue with that clinic at his/her prevailing rates and just use the financing provisions of the program, or
2. Contact and make an appointment with a cooperating clinic from our list.

D. IF YOUR DENTIST DOES NOT PARTICIPATE IN THE BILLING RATE

CONSIDERATIONS, you may continue to use that clinic and just activate the financing provisions of IGRC United Methodist Hearing Aid Program for Retirees program. Simply submit your bill from the Dentist as outlined in section A above. **Please note: To use this provision, you will still need the cooperation of your clinic as payments are made only to the clinic and not directly to you.**

If you have questions or concerns, please contact Rev. Keith Anderson at 217-529-3221 and we will do our best to accommodate you within the parameters of the program.

PLAN ENROLLMENT, QUESTIONS, BILL SUBMISSION, AND PAYMENTS:

Preachers' Aids Society and Benefit Fund
PO Box 19207
Springfield IL 62794-9207
217-529-3221

**IGRC United Methodist
Hearing Aid Program for Retirees**

PAYMENT FORM

Participant* : _____

Address: _____

Phone: _____

Requested Payment Schedule: _____ years (1 to 5 years)

Dentist: _____

Address: _____

Phone: _____

Amount of Invoice to be paid: \$_____.00
(not less than \$500.00 or over \$5,000.00.)

Signatures: Dentist: _____ Date _____

Signatures: Participant: _____ Date _____

*Clergy/spouse/surviving spouse

***THE INVOICE FOR PROCEDURE MUST BE ATTACHED AND MAILED TO:
Preachers' Aid Society and Benefit Fund
PO Box 19207
Springfield IL 62794-9207***

***For questions please call: 217-529-3221
keanderson@igrc.org or csims@igrc.org***