

**\$50 S&A INCENTIVE PAYMENT FORM**

**INSTRUCTIONS:** Please take this form to the hospital on the day you will receive your inpatient pre-admission testing or your pre-surgery testing for outpatient surgery. The Employee should complete Section A, the Hospital should complete Section B. After both sections have been completed, the employee should return the form to: Allegheny Ludlum Corporation  
Employee Benefits Department  
100 River Road  
Brackenridge, PA 15014

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(Please print all information except where signature is required)

**SECTION A: To be completed by the EMPLOYEE**

Name \_\_\_\_\_ Clock No. \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

\_\_\_\_\_

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**SECTION B: To be completed by the HOSPITAL**

Date of Testing \_\_\_\_\_ Hospital \_\_\_\_\_

Hospital Clerk \_\_\_\_\_ Signature \_\_\_\_\_

Expected date of admission  
or outpatient surgery \_\_\_\_\_ Hospital Telephone No. \_\_\_\_\_

Physician who requested testing \_\_\_\_\_

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**SECTION C: To be completed by the EMPLOYEE BENEFITS DEPARTMENT**

Date verified with hospital \_\_\_\_\_

Process for payment on the following date \_\_\_\_\_

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**SECTION D: This claim has been denied for the following reason:**

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