

HOW TO SUBMIT OUT-OF-POCKET EXPENSES

1. Keep it simple and readable.
2. We cannot guarantee reimbursement. However, if you do not submit the out-of-pocket expenses the Insurance Company will never know you sought reimbursement.
3. When completing the request please note the item that was purchased and the name of the Doctor who approved the medically necessary purchase.
4. Include a copy of the doctor's note or prescription (RX) for the item purchased.
5. Include a copy of the receipt for the item purchased that clearly indicates the item, price and purchase date.

OUT-OF-POCKET REIMBURSEMENT REQUEST

Below represents medical treatment costs incurred "Out-of-Pocket" by myself for treatment because of my industrial injury. Please forward a reimbursement check immediately.

| Date | Item Purchased | Purchased From | Prescribed By | Item Cost | Other/Note |
|----------|-----------------------------|----------------|---------------|-----------|--|
| 01/06/14 | Overnight Stay | Motel-Hotel | Dr. Smith | \$87.95 | Due to medical treatment overnight stay required |
| 01/06/14 | Pain pills | Pharmacy ABC | Dr. Smith | \$45.05 | See RX from Dr. Smith |
| 01/06/14 | Medical Walker | Pharmacy ABC | Dr. Smith | \$88.00 | See RX from Dr. Smith |
| | | | Total | \$221.00 | |
| | Applicant Signature: | | | | |
| | Completion Date: | | | | |