

Claim for Annual Physical or Hospital Income

Date Submitted: _____

Employee Name: _____

Employee Address: _____

Employee Phone: _____

Employee Work Site: _____

This claim is for : Annual Physical _____

 Hospital Income _____

For Annual Physical: Complete this form and return it with a copy of the bill from your physician's office to the district's benefits specialist. Please make sure it shows the date of services, physician's name (or clinic), procedure performed (billing should state you had a physical examination), and the charges for that visit. (711-990-320-9042-7104)

For Hospital Income: Complete this form and attach a copy of the hospital billing which shows the admission and discharge dates and return this form to the district's benefits specialist.
(711-990-320-9042-7104)

Approval for payment by Benefit's Specialist: _____
(Signature of Benefit's Specialist)

Date of Approval for payment by Benefit's Specialist: _____

Dollar Amount Approved for payment by Benefit's Specialist: _____

Please note: This form is for annual physical or hospital income only. If you are a bus driver, you should contact the Transportation Coordinator.

Your claim must be filed within 12 months. After 12 months, you will be unable to claim and/or receive reimbursement.