



Kutztown Area School District

251 Long Lane, Kutztown, PA 19530



Family Health Reimbursement Request/Voucher

<p>Employee: Review Contract/Employee Handbook for Family Health Plan details. Complete only areas that are applicable to you. Attach original receipts: BC/BS Notification of Benefits Provider's paid receipt. Do not submit receipts beyond the annual allotment of Family Health. It is employee's responsibility to retain copies of receipts submitted.</p>	<p>Submit completed form to Cindy Heiner in the Business Office. You can list and submit multiple bills on one form. Incomplete requests will be returned. Group: A - Admin; T - Teachers; S - Support</p>
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Employee Name:	Group(Circle One) : A T S
Department/Building:	Date Submitted:

				Starting Balance:	
Date of Service	Provider's Name (Dr., Pharmacy, Etc.)	Patient's Name	Relationship to Employee	Amount Requested	Amount Approved
1					
2					
3					
4					
5					
6					
7					
				Sub Total (Page 1)	
				Sub Total (Page 2)	
Employee Signature				Grand Total	
				Ending Balance:	

Business Office Use			
Vendor Number:	Annual Allowance	Approval	Date Received:
ASN-Account Number:	Balance Remaining	Input	Date Paid:

Date of Service	Provider's Name (Dr., Pharmacy, Etc.)	Patient's Name	Relationship to Employee	Amount Requested	Amount Approved
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
			Sub Total (To Page 1)		