

HOW TO COMPLETE FORM

****Please note: This is a one-time reimbursement. All future medical treatments, supplies, and prescription are to be billed directly from the Health Care Provider to the State Office of Risk Management.****

1. Date of purchase.
2. Medical Supplies: List item purchased and amount paid. **Must include copy of prescription, letter of medical necessity from doctor, and receipt.**
3. RX: List total amount paid for prescriptions. **Must include copy of payment receipts and pharmacy receipts.**
4. Doctor visit: Amount paid for visit. **Must include payment receipt.**
5. Miscellaneous: **Must include receipts.**

Sign and date form. Send to: State Office of Risk Management
PO Box 13777

Retain copy for your records.