



Wellness Reimbursement Claim Form

*For Eligible ACT 93, Non-Union, ESPA, VTA and Head Start Employees

Employee & Patient Information

Employee's Name		Employee's Date of Birth
Employee Number		Employment Location
Employee's Home Address		
City	State	Zip Code

Provider/Service Information

Provider/Supplier's Name		Date of Service/Purchase
Provider's Address		
City	State	Zip Code
Total Cost of Service/Purchase		

DCIU Disclaimer

A copy of your receipts must be attached to this form in order for the claim to be processed. Failure to provide all required information may delay your reimbursement payment. Services and/or purchase must occur between 7/1 and 6/30 of the current fiscal year. Benefits will be paid directly to the employee only.

Please submit claim form to:

DCIU
Attention: HR Benefits Office
200 Yale Avenue
Morton, PA 19070
610.938.9000 x2003

*****DO NOT FAX CLAIM FORM*****

I hereby agree by signing this authorization that any payment made in accordance with the benefit amount of this plan shall constitute a complete release of the Delaware County Intermediate Unit (DCIU) of all liability to the extent of such payment and that I am financially responsible for charges not covered by this authorization or in excess of the benefits provided by this plan.

Employee Signature	Date
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Release of Information

I hereby authorize any provider of services (hospital, physician, or other person who has attended me, including insurance companies or other organizations), to furnish the Delaware County Intermediate Unit (DCIU) or its authorized representatives, any and all information with respect to any illness or injury, medical history, consultation, prescription, treatment or predetermination of services, including a copy of any or all hospital or medical records or plan. A photo copy of this authorization shall be considered as effective and valid as the original. I further certify that the information furnished by me in support of this claim is true and correct.

Employee Signature	Date
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FOR OFFICE USE ONLY

Amount Available	Amount Approved	Approved By	Date Approved
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