



## Request For Reimbursement Coupon

Travel Date \_\_\_\_\_

Member ID#: \_\_\_\_\_ Member Name: \_\_\_\_\_

From (Address) \_\_\_\_\_

To (Address) \_\_\_\_\_

Transportation Provider: \_\_\_\_\_ Total Charge \$ \_\_\_\_\_

Please provide all information above and attach your receipt(s)

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Depending on your plan, you may be reimbursed for a limited number of one-way trips at a maximum of \$10 per one-way trip. Transportation must be provided by common carrier (bus, van, cab, subway).

Send reimbursement requests to Claims Department, P O Box 340397, Tampa, FL 33694-0397.

Reimbursements with complete documentation can take up to 30 days. Reimbursements with incomplete information can take longer.