NORWICH CITY SCHOOL DISTRICT

89 Midland Drive, Norwich, NY 13815, P: (607) 334-1600, F: (607) 336-8652

Routing:
1. Human Resources
2. Business Office

Emergency Room Copay Reimbursement Request Form

This form is used to request a reimbursement for emergency services copays as defined by the Excellus health insurance plan.

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Section 1: Employee Information

Vendor ID #:

Employee Name: _____ **Building:**

Address: _____

_____ **Position**:

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Section 2: Emergency Room Visit Information

Patient Name (If different from employee):

Relationship to employee: **Date of Emergency Room Visit:**

Name of Facility:

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Section 3: Required Documentation

Please attach the following:

☐ **Proof of Payment for Emergency Room Copay** ☐ **Proof of Emergency Service Provided**

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Section 4: Certification of Emergency Care

By signing below, I certify that:

- The visit to the emergency room on the date listed above was for **emergent medical care**,
- The attached documentation is true and accurate, and
- I am requesting reimbursement for the **copay amount** as per the district's benefits policy.

Employee Signature: _____ **Date:** _____

Human Resources: Date Received: _____

I certify that proof of emergency service was received and placed in the employee's personnel file.

HR Signature: _____ Date: _____

Business Office

Reimbursement Amount: $_____ Approved by: _____

Date Processed: _____ Budget Code: A 9060 806.8