GENESEO COMMUNITY UNIT SCHOOL DISTRICT #228

Section 125 Reimbursement Re-Cap Sheet

Please complete the following information and attach copy(s) of your:

- Mutual Medical Form, or
- Paid Bill, or
- Paid Prescription Bill

Member Name: _____ **Phone Number:** _____

If you have any questions on how to complete this form, please contact Deb Hancock at 945-0406.
Please reference payment request deadlines for reimbursement dates.
Return this sheet along with the above mentioned documents to the Unit Office.

Patient Name	Date of Service	Claim Number or Expense Explanation	Service Provider	Total Amount Billed	Amount Applied to Section 125
Total Request					$ -