

JP STUDENTS REIMBURSEMENT PLAN

REQUEST FOR REIMBURSEMENT

HOW TO FILE A CLAIM:

Complete this reimbursement form and mail to APO MS #31 with a photocopy of the urgent care bill and the denial from MIT. In some cases, APO may request additional documentation before reimbursing your claim. Payment will be made directly to you.

PLAN SPONSOR NAME: **WOODS HOLE OCEANOGRAPHIC INSTITUTION**

NAME:

WHOI ID #:

ADDRESS:

CITY, STATE, ZIP:

PLEASE CHECK IF NEW ADDRESS

INSTRUCTIONS

Please attach a photocopy of documentation that supports your claim that urgent care was denied by your insurance plan.

STUDENT SIGNATURE:

DATE:

ACADEMIC PROGRAMS OFFICE
ATTN: REGISTRAR
WHOI MS #31
WOODS HOLE, MA 02543-1541
(508) 289-3379