



Medical Reimbursement Form

Submit form and necessary paperwork (receipt, bill, EOB, etc) :
 Email: jvhealthinsurance@jesuitvolunteers.org
 Fax: 410-244-1766
 Mail: Vol. Medical Reimbursements
 Jesuit Volunteer Corps
 801 Saint Paul St.
 Baltimore, MD. 21202

The Jesuit Volunteer Corps reimburses JVs for all covered medical expenses (copays, deductibles, co-insurance, etc) up to \$1500 per year. JVC will not cover the additional cost of out-of-network medical, hospital, or dental service.

To request a reimbursement:

Check the box marked "Reimbursements for expenses already paid" and complete ALL fields (full name, date of request, etc.). Attach the receipt for payment to the form. JVC cannot reimburse without receipt of payment. Please note that you may place several reimbursements on one form.

To request a bill be paid on your behalf:

Check the box marked "Bill to be paid" and complete ALL fields. Attach the original bill, and return envelope if provided. JVC cannot pay a bill without a copy of original bill.

Volunteer & Payee Information

| | | | | |
|------------------------------------|--|-----------------------------------|-------|-----|
| Volunteer Name | Date of Request | Phone | | |
| E-mail | Payment Information <input type="checkbox"/> Reimbursements for expenses already paid (may list multiple) <input type="checkbox"/> Bill to be paid (one bill per form) | Date Due: <input type="text"/> | | |
| Pay To Name (please use full name) | Pay To Address | City | State | Zip |

Reimbursement Information (for multiple reimbursements, please number receipts/EOBs)

| | | |
|---|-----------------|------------------|
| Date of Service <input type="text"/> | Type of Service | Amount Requested |
| Date of Service | Type of Service | Amount Requested |
| Date of Service | Type of Service | Amount Requested |
| Date of Service | Type of Service | Amount Requested |

Date of Service

Type of Service

Amount Requested

Total Amount Requested

JVC Internal Use Only - The following portion will be returned with your reimbursement check. Please note that JVC only reimburses for covered medical expenses up to \$1500 during your JV year. Please maintain this slip for your records.

Balance Before Reimbursement

Balance After Reimbursement

Authorization

Date

Notes: