

# REIMBURSEMENT CLAIM FORM

(For reimbursement for expenses from Oct .1 thru Sept. 30; claims must be submitted no later than March 31.)

gente  
122 Parish Drive  
Wayne, NJ 07470  
Gente.solutions

Employer Name: Goshen Central School District, Goshen, NY 10924

Employee Name: \_\_\_\_\_ SS#: X X X - X X - \_\_\_\_\_  
Last First Last 4 Digits Only

New Address : \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Service	Service Provided	Reimbursement Amount
<b>Total Reimbursable Expense</b>		

**Instructions:**

1. Complete the top portion of the form.
2. List the eligible expenses:
  - Date of Service: The date the service was provided. Not the date it was billed.
  - Service Provided: Provide a brief description of the service received.
  - Reimbursement Amount: Enter the amount requested for reimbursement.
 (NOTE: if you have a Health Care Explanation of Benefits to attach, enter the difference between the total expense and the amount paid).
3. Sign and date your form.
4. Attach the required documentation:
  - for expenses which must be submitted to an insurance company or health care plan, attach a copy of the Explanation of Benefits (EOB) form received from your insurance company.
  - for eligible medical expenses not covered by a health care plan, attach a statement of expense showing the type of service, the incurred date and the amount of expense. For example, a physician's bill or pharmacist's prescription label or itemized receipt.
 Cancelled checks are not acceptable documentation.
5. Send completed form and attached documentation to gente.  
 For Prompt Service Fax to: 973-694-2913 or email: [claims@gente.solutions](mailto:claims@gente.solutions)

I certify that the expenses listed above have been incurred by me and/or my dependent(s) and qualify for reimbursement, and that these expenses will not be claimed as a deduction on my personal income tax return. In addition the expenses listed above have not been reimbursed and are not reimbursable under any other health plan.

\_\_\_\_\_  
Your Signature \_\_\_\_\_ Date