

Service Connected Bill Reimbursement Form

Wichita Firemen's Relief
Association 731N. Main
Wichita, Ks. 67203 .
(316) 265-0545
Fax: (316) 265-0133

Please fill out all information:

Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____

<i>Rx/Doctor Office Name</i>	<i>Date of Service</i>	<i>S/C-Condition</i>	<i>\$ Amount</i>
(example) Cardizem	01/01/2016	Heart	<u>\$40.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total:	\$ _____

Submit these bills for reimbursement. I have paid the amount listed.
 Include all paid receipts

Signed _____