

REQUEST FOR REIMBURSEMENT

Mail Completed **Webster Groves School District**
Form To: **400 East Lockwood**
St. Louis, MO 63119

Employer Group Name
Webster Groves School District's Employee Deductible Reimbursement Program

Full Name of Employee

ID Number

Home Address

City

State

Zip

Name of Patient

Date of Birth

Relationship

**PLEASE ATTACH YOUR
EXPLANATION OF BENEFITS (EOB)
TO THIS FORM AND MAIL TO THE ADDRESS ABOVE**

Authorized Member's Signature: _____

Date: _____