

ROCHESTER AREA SCHOOL DISTRICT DENTAL CLAIM REIMBURSEMENT FORM

Based on your contract with the Rochester Area School District you are eligible for dental coverage as follows:

Dental Coverage

“The District will provide each employee and his/her eligible dependents up to \$1,000 reimbursement per person for dental care (including orthodontics) annually. The Employee will be reimbursed within ten (10) business days of providing the Business Office proof of service/expenditure for dental care.”

Please complete the information below and attach your paid dental receipt.

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____

PATIENT NAME _____

INVOICE AMOUNT (ATTACH INVOICE) _____

----- TO BE COMPLETED BY BUSINESS OFFICE-----

Date Received _____

Total Amount Reimbursed for Patient for current fiscal year (cannot exceed \$1,000) _____