

# 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 the following reimbursement per person for dental care (including orthodontics) annually:

2024-2025 (school year):	\$1200
2025-2026 (school year):	\$1400
2026-2027 (school year):	\$1600
2027-2028 (school year):	\$1800
2028-2029 (school year):	\$2000

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) \_\_\_\_\_