

# LLANO COUNTY REQUEST FOR MEDICAL DEDUCTIBLE REIMBURSEMENT

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Llano County's Medical Reimbursement program will reimburse covered medical expenses as follows:

1. Out of pocket deductible expenses in excess of \$750.00 but not to exceed \$280.00 in the current plan year.
2. CoShare Stop Loss out of pocket expenses incurred above \$3,000, not to exceed \$1,100 in the current plan year.
3. Office visit copays above \$25.00, \$5.00 maximum each visit
4. Outpatient ER visits above \$120, \$15 maximum each visit.

In the space provided below please itemized each expense that you are seeking reimbursement.

### HEALTH CARE EXPENSES (Medical Deductibles paid)

Date	Description (ie: Office Visit, ER Visit etc)	Total Paid	Amount Over Deductible

Return this form, attached an explanation of benefits statement (EOB), (An EOB is the statement from TAC Blue Cross & Blue Shield showing your year to date expenses) and proof of payment for the amount in excess of the deductible (receipts, canceled check, etc.) for each item listed above to the Human Resource Office at 1447 E ST Hwy 71, Unit F, Llano, TX 78643, or fax all documents to (325) 247-3003. Feel free to call Human Resources at (325)247-3009 if you have questions and be sure to provide a good contact information so that we can contact you if necessary.

**Certification:** I certify that the information on this reimbursement request form are true and accurate, to the best of my knowledge. I also certify that I am claiming reimbursement for only deductible expenses incurred during the current plan year.

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date  
XX

HR Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

This form shall be retained by the Human Resource Department. Once verified and authorized, HR will turn in a Llano County Medical Reimbursement Authorization form to the County Auditor to initiate the reimbursement.