



**IOWA TRIBE OF OKLAHOMA
 SUPPLEMENTAL HEALTHCARE BENEFIT
 REIMBURSEMENT REQUEST FORM**

A. EMPLOYEE INFORMATION				
Name		Member Number		
Address		City	State	Zip
B. SUPPLEMENTAL HEALTHCARE BENEFIT				
Dates of Service	Provider of Service	Person for Whom Service Provided	Relationship to You	Amount
				\$
				\$
				\$
				\$
				\$
TOTAL AMOUNT REQUESTED				\$
D. CERTIFICATION				
<p>I certify that the following is true:</p> <ol style="list-style-type: none"> The expenses listed above were incurred by me and/or my eligible dependents and qualify for reimbursement. The expenses listed above are not eligible for reimbursement by any insurance plan. I have not and will not deduct the above listed expenses on my Federal Income Tax returns. Over the counter drugs, medicines and biologicals (medical therapy derived from a biological source such as antibodies, enzymes and hormones) are not eligible to be reimbursed by use of the debit card due to the Patient Protection and Affordable Care of 2010, better known as healthcare reform. However, if these expenses are used to treat a medical condition they can be manually submitted for reimbursement. This includes pain relievers, cold medicines, allergy & sinus medications, gastrointestinal aids, anti-itch medications, anti-fungal medications, smoking cessation medications, etc. OTC products that are not considered drugs or medicines are reimbursable by use of the debit card if the product is medically necessary and not merely for good health or cosmetic purposes. This include blood pressure monitors, bandages, support braces/wraps, hearing aids, diabetes care/insulin, incontinence protection & treatment products, condoms & contraceptive devices, pregnancy kits, ovulation kits, etc. 				
Employee Signature			Date	

Please return this form to:
CORESOURCE
 Attn: Flex/HRA/Supplemental Benefit Dept.
 P. O. Box 25946
 Overland Park, KS 66225
 Phone: 800-990-9058 ext. 42086
 Fax: 866-514-8287
 Email address: CSKCCoreflex@coresource.com