

St. Petersburg College

ITEMIZED EXPENSES FORM

Cancer/Dread Disease Medical Expense Reimbursement Plan (MERP)

*****It is the Member/Subscriber’s responsibility to request any information needed to process the claim. Incomplete requests will be returned to the member for correction of any missing information, or to obtain the missing information.*****

Please complete the section below for all out-of-pocket expenses incurred as a result of being treated for Cancer or one of the other 17 Dread Diseases covered. **Each expense must be individually listed.**

Unreimbursed Medical Expense Claims

Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
Attach appropriate receipt(s) and submit with this claim form. See “Directions for Filing a Claim” document for more information.			Total Medical Expense Claim	\$

Deadline for filing: Claims must be submitted within 180 days of the date the expense is incurred.

Certification

I have reviewed the expenses listed above and certify they have been incurred by me or my eligible dependent(s) and we are covered on one of the college’s Florida Blue health plans. All expenses listed above have been incurred as a result of having received treatment for an “active” Cancer or one of the 17 Dread Diseases listed in the College’s Medical Expense Reimbursement Plan. I have not been reimbursed for any of the above expenses, nor are they reimbursable under any other Medical plan coverage, including the College’s Medical Insurance Program, Health Savings Account (HSA), or the Flexible Spending Account, FSA.

I also acknowledge that if I make false statements on this form that any money paid to me must be returned to St. Petersburg College.

Employee Signature _____

Date _____

Employee Printed Name _____

Employee SS# _____