**NATURAL FAMILY PLANNING**

**REQUEST FOR REIMBURSEMENT FORM**

**Catholic Diocese of Evansville**

**4200 N. Kentucky Avenue**

**PO BOX 4169**

**Evansville, IN 47724-0169**

**PLEASE PRINT CLEARLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY EMPLOYEE** | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE NAME | |  | | DATE OF BIRTH | | | | | | | DATE (S) OF SERVICE | | | | | | |  | |
| EMPLOYEE SPOUSE NAME (IF APPLICABLE) | |  | | INS. MEMBER ID (SEE INS. CARD) | | | | | | | WORK LOCATION/JOB TITLE | | | | | | |  | |
|  | |
| ADDRESS | | | | EMPLOYEE PHONE | | | | | | | Notes: | | | | | | |  | |
|  | |
| CITY, STATE | | ZIP | | EMPLOYEE EMAIL | | | | | | |  | | | | | | |  | |
|  | |
| **TO BE COMPLETED BY EDUCATOR/PRACTITIONER (IF APPLICABLE)** | | | | | | | | | | | | | | | | | | | |
| √ | **FERTILITYCARE EDUCATION** | | | **CPT Code** | | | | | | | **Description/ Amount Estimate** | | | **Service #** | | | | | **Charge** |
|  | Modified Follow-Up Session | | | 99402 | | | Individual 30 min. | | | | Creighton (as needed) | | | 1 | | | | | $ |
|  | Marquette (as needed) | | | 2 | | | | | $ |
|  | 60 minute Follow-Up Session | | | 99404 | | | Individual 60 min. | | | | Creighton (total of 7) | | | 3 | | | | | $ |
|  | Marquette (total of 5) | | | 4 | | | | | $ |
|  | Extended Follow-Up Session | | | 99404 | | | Individual 60 min. plus | | | |  | | | 5 | | | | | $ |
|  | Introductory Session / Individual | | | 99404 | | | Individual 60 min. | | | | Creighton | | | 6 | | | | | $ |
|  | Marquette | | | 7 | | | | | $ |
|  | Introductory Session / Group | | | 99412 | | | Group 60 min. | | | |  | | | 8 | | | | | $ |
|  | Full program fee (1 yr. / 8 follow-ups) | | | 99404 | | | Individual 60 min. (x 8) | | | | Creighton | | | 9 | | | | | $ |
|  | OTHER (PLEASE DEFINE): | | |  | | |  | | | |  | | | 10 | | | | | $ |
| √ | **SUPPLIES** | | | | | | | | | | | | |  | | | | |  |
|  | Chart, Monitor, Test Strips  OTHER (PLEASE DEFINE): | | | | 99070 | | | Supplies and materials | | | |  | | 11 | | | | | $ |
|  | User manual or picture dictionary | | | | 99071 | | |  | | | |  | | 12 | | | | | $ |
| EDUCATOR/PRACTITIONER NAME (FIRST/LAST)  EDUCATOR/PRACTITIONER SIGNATURE & CREDENTIALS | | | | | | | | | **PRELIMINARY COST SUMMARY** | | | | | | | | | |  |
| EDUCATION | | | | | | | | **$** |  | |
| SUPPLIES | | | | | | | | **$** |  | |
| TOTAL OUT OF POCKET EXPENSE | | | | | | | | **$** |  | |
| **I hereby certify that the above information is correct and that expenses are not reimbursable under any other available plan and therefore reimbursement is requested through the Diocese of Evansville Natural Family Planning program.** | | | | | | | | | | | | | | | | | | | |
|
| **Employee Signature** | | | | | | | | | | | | | | | Date | | | | |
| **TO BE COMPLETED BY DIOCESAN STAFF**  **SERVICES REVIEW AND CONFIRMATION** | | | | | | | | | | | | | | | | | | | |
| SERVICES PROVIDED (Enter all applicable SERVICE NUMBERS) | | |  | | | **NOTES:** | | | |  | | |  | | |  | | | |
|  | | |  | | |  | | | |
| REIMBURSEMENT FORM IS COMPLETE | | |  | | |  | | | |  | | |  | | |  | | | |
|  | | |  | | |  | | | |
| NECESSARY DOCUMENTATION IS ATTACHED | | |  | | |  | | | |  | | |  | | |  | | | |
| PRACTITIONER IS ON APPROVED LIST | | |  | | |  | | | |  | | |  | | |  | | | |
|  | | |  | | |  | | | |
| SUPPLIES ARE ON APPROVED LIST | | |  | | |  | | | |  | | |  | | |  | | | |
| **APPROVED / DENIED (If denied, please explain in NOTES section)** | | |  | | |  | | | |  | | |  | | |  | | | |
| **SIGNATURE OF OFL DIRECTOR** | | |  | | |  | | | |  | | |  | | |  | | | |
| REQUEST RECEIVED IN FINANCE | | |  | | |  | | | |  | | |  | | |  | | | |
| REIMBURSEMENT CHECK SENT | | |  | | |  | | | |  | | |  | | |  | | | |
| **SIGNATURE OF FINANCE REPRESENTATIVE** | | |  | | |  | | | |  | | |  | | |  | | | |
|  | | | | | | | | | **TOTAL OUT OF POCKET EXPENSE** | | | | | | | | **$** |  | |
| **80% OF TOTAL COST** | | | | | | | | **$** |  | |
| **REIMBURSEMENT TO EMPLOYEE** | | | | | | | | **$** |  | |

INSTRUCTIONS:

1. Practitioner (If applicable) and Employee ensure front side of form is complete and both sign
2. Enter Total Out of Pocket Expense for service by Employee
3. Practitioner and Employee review and confirm (If working with a practitioner)
4. Employee attach copy of all receipts or forms for processing
5. Employee may scan and email completed Request for Reimbursement form and receipts to the Office of Family & Life, NFP at [egirten@evdio.org](mailto:egirten@evdio.org)
6. **OR** Mail Reimbursement form and receipts to:

**Office of Family & Life, NFP**

**PO Box 4169**

**Evansville, IN 47724**

NFP Services will be reimbursed to qualified diocesan employees at 80% with an annual reimbursement cap of $750.00.

Educational Services must be provided by an NFP practitioner pre-approved by the Diocese of Evansville. NFP Supplies must be on the approved supplies list or approved by OFL Director before purchase. If supplies are not on list, please contact [egirten@evdio.org](mailto:egirten@evdio.org) with item information.

Form must be complete for payment.

All services must be filed within 30 days of end of benefit year.