# Rhiannon's Kids Program

Delivery: Pediatric front desk
Mail: Mammoth Pediatrics
P.O. Box 660, Mammoth Lakes
Questions? (760) 924-4000

Financial Reimbursement App
Must be submitted within 60 days of appo
Please allow up to four weeks to
All information on this application is CONFI

| | |
|---|---|
| Patient Name: | Parent/Guardian: |
| Physical Address: | City/State/Zip: |
| Mailing Address: | City/State/Zip: |
| Phone: | Email: |
| Medical facility: | Appointment date(s): |
| Physician name and contact info: | |
| Are you receiving additional funding? Y / N | If yes, from whom? |

Expenses are reimburseable for the day of the appointment and one day before or after for tr
Extra days require an explaination of medical necessity. Please provide itemized receipts f
Lodging up to $200/day, Food up to $80/day (no alcoholic beverages; grocery shop welcom
and a flat roundtrip gas reimbursement based on medical facility location (see rates below

| | *example: 2/14* | Date: | Date: | Date: | Date: | Date: |
|---|---|---|---|---|---|---|
| **Lodging** | *$200.00* | | | | | |
| | | | | | | |
| **Food** | *$80.00* | | | | | |
| | | | | | | |
| **Gas** | | | | | | |
| *UC Davis $110* | | | | | | |
| *Bay Area $150* | | | | | | |
| *Carson/Reno/Tahoe $80* | *$80* | | | | | |
| *LA/Orange Co. $150* | | | | | | |
| *San Diego $175* | | | | | | |
| *Other* | | | | | | |
| Daily Total | *$360.00* | | | | | |

Total requested:

*Documents listed below must be submitted within 60 days of the medical visit.

***Reimbursement cannot be processed without:***
***__ this form __proof of appointment(s) __original, itemized receipts***

I have read and understand this form. I have provided correct and complete information. I give Mammoth Hospital permission to contact my providers.

**Parent/Guardian signature:** _____ **Date:** _____

**For Office Use Only:**

This applicant is eligible for assistance: (Y/N)

Reimbursable amount:

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Date: