



San Francisco Health Care Security Ordinance Medical Reimbursement Form

Ph: (415) 546-2500

In order to receive reimbursement for qualified health care services you must provide a receipt to Pacific Coast Staffing along with this completed Medical Reimbursement Form within a timely manner. Please allow up to two weeks for processing, verification and reimbursement. Reimbursement amounts may not be greater than the allocated funds.

Your Name:		Social Sec. #:
Address:		
City:	State:	Zip:
Phone:	Email Address:	

Date of Medical Expense:	Date of Medical Service:
Medical Service Provider:	
Description of Medical Expense:	

Please attach receipt of medical expense along with this completed form and mail to the address listed below.

I certify that the medical expense described above, along with the attached receipt was for a legitimate medical, dental or vision expense received by me, _____ (printed name) on _____ (date) as indicated. I understand that if this is not a legitimate claim and the claim is found to be fraudulent, I will be persecuted to the fullest extent of the law and be liable for all legal and collection activity associated with this submission.

Signature:	Date:
------------	-------

Please note, health care services are defined as medical, dental or vision care, services, or goods that may qualify as tax deductible medical care expenses under Section 213 of the Internal Revenue Code, or medical care, services, or goods *having substantially the same purpose of effect* as such deductible expenses.