Local 443 Transportation Health Services and Insurance Plan

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Massage Therapy Reimbursement Form

Part 1 - Member Information						
Member	Name					
Member ID Number						
Part 2 - Attach copy of receipt						
Cl	aimant	Relationship	Receipt	Amount		

<u>Claimant</u>	Relationship	<u>Receipt</u>	<u>Amount</u>
<u>Name</u>	<u>to Member</u>	<u>Date</u>	<u>Paid</u>