Local 443 Transportation Health Services and Insurance Plan

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Prescription (RX) Reimbursement Form

Part 1	- Member Information
Member	Name
Member	ID Number
Part 2	- Attach copy of receipt

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