Patric Barbieri
Executive Director

Matthew Cameron
Financial Administrator

LABBB
Collaborative Programs
Since 1974

Donna Goodell, Program Director
Pre-school, Elementary & Middle Schools

James Kelly, Program Director
High Schools

Mitigation Reimbursement Form

Employee Name: _____

Unit A or B: _____

Date Submitted: _____

Costs eligible for reimbursement through the Mitigation Program include copays and deductibles relating to the following expenses:

- Hospitalization or Emergency Room
- Day surgery at a free-standing outpatient surgery center or inside a hospital center
- Diagnosis imaging at a free-standing imaging center or inside a hospital-affiliated imaging center

Instructions: Please attach an itemized receipt for each instance where you're seeking reimbursement. These forms can be submitted to your Program Secretary or scanned directly to the Finance Office (finance@labbb.net). All forms and itemized receipts must be received by ***Friday, August 31, 2018*** for processing after the deadline. If you have any questions, please reach out to Matthew Cameron, Financial Administrator, at mcameron@labbb.net or (339)222-5649.

1. **Date of Expense:** _____ **Amount:** _____
2. **Date of Expense:** _____ **Amount:** _____
3. **Date of Expense:** _____ **Amount:** _____
4. **Date of Expense:** _____ **Amount:** _____
5. **Date of Expense:** _____ **Amount:** _____
6. **Date of Expense:** _____ **Amount:** _____
7. **Date of Expense:** _____ **Amount:** _____
8. **Date of Expense:** _____ **Amount:** _____
9. **Date of Expense:** _____ **Amount:** _____
10. **Date of Expense:** _____ **Amount:** _____

Total Reimbursement: _____