



Grants Medical Expense Form

Student Name: _____ **Student ID:** _____
Prepared by: _____ **City, State, Zip** _____
Area Representative _____ **Host Family** _____

YES, AN INSURANCE CLAIM HAS BEEN FILED (if applicable check box to confirm)

Students have 100% insurance coverage for prescriptions and office visits for illnesses and injuries. However, please contact the office for approval if prescriptions exceed \$500.

Expenses Not Covered by Medical Insurance, but covered by the Grant Program Include:

- Student immunizations, required TB tests and physicals
- Dental expenses not covered by insurance
- Eyeglasses and contacts

*If these expenses will cost over \$100, **pre-approval** from Pan Atlantic Foundation Staff is necessary.*

* Any invoices/bills resulting from illness and/or injuries that occurred from a school activity, on school premises or on other public property, **must be filed directly with Student Insurance.** The doctor/hospital providing the medical service should file a claim directly. If they do not, the HF or AR must submit the invoice/bill along with a completed insurance claim form directly to student insurance.

Instructions:

1. Complete this form and attach copies of invoices, bills, or statements, **keeping a copy for your own records.**
2. Mail to: Pan Atlantic Foundation ▪ 1 Union Street, Suite 202 Portland, ME. 04101 Attn: Maria Lorello

** If any party has already made a payment for any of the invoices/bills, please include proof of payment*

Date/Description of Expense (Office visit, TB test, Physical)	Who is Reimbursement for? (Include Name, Address, Phone Number)	Amount Due	Corrections <i>(office use only)</i>
1.		\$	
2.		\$	
3.		\$	
4.		\$	
Total Medical Expense Request		\$	

For Portland Office use only:

Date Received _____ **Approval** _____ **Accounting Code** _____