

UA Local 190 Plumbers/Pipefitters/Service Technicians/Gas Distribution Health Care Plan Diabetic Prescription Reimbursement Request

- Please note you must fill out this request application completely and attach all original diabetic prescription receipts in order for your request to be processed in a timely manner.

Employee Information

Employee Social Security #	Last Name	First Name
Phone #	Address	City/State/Zip
E-Mail Address		

Prescription Information

Patient Name	Provider Name	Dates of Service	Total Charge
TOTALS			

Certification

Employee Signature <i>(Required)</i>	Date
--------------------------------------	------

**UA Local 190 Plumbers/Pipefitters/Service Technicians/Gas Distribution
Health Care Plan**

Diabetic Prescription Reimbursement Request

Additional Information

Blank area for providing additional information.