WORKERS' COMPENSATION INSURANCE
EMPLOYEE REQUEST FOR REIMBURSEMENT
OF MEDICAL EXPENSES

I am requesting reimbursement for medical expenses incurred due to my on-the-job injury. I understand that I must include **copies** of the following if available: prescription and/or the print out you receive from the pharmacy describing the medications that you received along with the doctor's name, receipts for reimbursement of medical expenses to be considered for payment (ie co-payments).

Employer: The University of Texas Health Science Center at Houston

Employee Name: _____

Social Security No.: _____

Date of Injury: _____ Claim Number: _____

Mailing Address: _____
Street

_____
City State Zip Code

Home Phone: _____ Work Phone: _____

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- ✓ Total number of enclosed receipts: _____
- ✓ Total amount of reimbursement requested: $ _____

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Employee Signature: _____ Date: _____

Mail completed form to:
The University of Texas System Administration
WCI Office at Houston
1515 Holcombe #530
Houston, TX 77030