

Nextcare Reimbursement Form Template

Policyholder Details:

- Name: _____
- Insurance Number: _____
- Contact Information: _____

Claim Information:

- Service Date: _____
- Provider Name: _____
- Treatment Type: _____
- Total Expense: \$ _____

Reimbursement Selection:

- Full Amount
- Partial Amount (Specify: \$ _____)

Supporting Documents (Check all that apply):

- Invoice
- Payment Proof
- Prescription

Signature & Approval:

- Applicant's Signature: _____
- Date: _____
- Reviewed by (Office Use Only): _____