



## UK-HMO Cardiac Rehabilitation Co-pay Reimbursement Form

(50% reimbursement of all Cardiac Rehab co-pays once you have completed at least 24 visits)

### INSTRUCTIONS ⇒

Please Complete All Information Requested Below

Submit Form To: Carol Pelfrey

UK-HMO

2333 Alumni Park Plaza; Suite 200

Lexington, KY 40517

Phone: (859) 257-8251

Fax: (859) 257-7949

E-mail: carolp@kmsf.org

Employee's Name (Last) (First) (M.I.)	UK-HMO I.D. Number or Employee's Social Security Number <b>H</b>
Home Address	Insurance Plan: <b>UK-HMO</b> Group #: <b>Q</b>
Patient's Name (Last) (First) (M.I.)	Patient's Relationship to Employee <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER _____
Patient's Date of Birth	Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Start Date of Cardiac Rehab	Cardiology Physician