Claim Form for Payments and Reimbursements

Client: _____

Representative (if applicable): _____ Phone: _____

Address: _____ ☐ **Check box if this is a new address**

City/ State/Zip Code: _____

Instructions:

1. **Submit dated receipt**, invoice, or other form of payment. Claim cannot be processed if not included.
2. All items must be approved on plan.
3. Annual subscriptions cannot be prepaid. Claims must be submitted monthly.
4. Purchases made with an **EBT card, Gift Card, or any type of Rewards Program** cannot be reimbursed.
5. Complete a separate sheet for each payee.
6. Email to Claims@MyMRCI.org (Preferred) or Fax toll-free using 1-800-7336

- CLAIM FORM MUST BE COMPLETED FOR CLAIMS TO BE PROCESSED -

Date Purchased or Service Provided	Name of Item/ Service **(Respite is not a Reimbursable Service)**	Budget Category **(Approved Item in Plan)**	Qty	Cost Per Item	Total Cost
NOTE: Claim Form must be submitted within 60 days of Purchase/Date of Service					

Payment Options:

☐ Electronic Funds Transfer (Direct Deposit)

Printed Check (select one option):

☐ Send to Client

☐ Send to Representative

☐ Send to following: **(Address Only Require If Not Sending to Client or Rep)**

Name: _____

Address: _____

City/ State/Zip Code: _____

_____ _____

Signature of Client/Representative Date