

**CYSTIC FIBROSIS ASSOCIATION OF ERIE COUNTY
Direct Dollar Disbursement**

Date of Service	Invoice # / Rx. #	Description of Service or Product	Expense
	SAMPLE REIMBURSEMENTS		
3/15/2020	Invoice # 0100084167246	Section 5.2. Insurance Copay	\$65.00
3/17/2020	N/A	Section 5.1. UPMC-After Visit Summary	\$125.00
3/21/2020	Account # 63765	Section 5.4.2. Hotel	\$78.04
3/27/2020	Member I.D. # W2527	Section 5. Insurance Deductible	\$127.24
	SAMPLE PRESCRIPTIONS		
3/17/2020	RX # 6779823	Section 5.3 Tops Market Prescription	\$1.00
3/17/2020	RX # 162876622805	Section 5.3 Alliance RX	\$20.00
3/21/2020	RX # 00596 1011959	Section 5.3 Rite Aid Prescription	\$46.79
3/21/2020	RX # 1472078	Section 5.3 CVS Pharmacy	\$1.00
4/3/2020	RX # 0560212-10837	Section 5.3 Walgreens Pharmacy	\$21.20
		TOTAL SUBMISSION:	\$485.27
Mail DDD to:	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> CFA of Erie County P.O. Box 11405 Erie, PA 16514 </div>		APPROVED REIMBURSEMENT:

Check if New Address

Must complete below information, sign and date.

Patient Name: Jane Doe

Prepared By: Momma Jean Doe

Address: 1234 Smith Avenue Erie, Pa 16505

Email: jane.doe@gmail.com

Signature: _____ Date: 4/11/2020

The CFA reserves the right to deny any reimbursement request that may, in its sole discretion be determined not to be within the spirit of the DDD Policy. The within DDD Policy creates no contractual or other legal rights to any participant, and it may be amended, modified or terminated at any time, without prior notice to any participant.

Submitting false information or falsification of any document to substantiate a claim shall be grounds for immediate expulsion from the CFA with a criminal referral when warranted to the appropriate local, state, or federal agency.