

WellWorks Reimbursement Form

- Must have a specific reason or situation that prevented you from using our facility/services.
- Each situation will be looked at on a case-by-case basis. We have the right to deny any refund.
- Refunds will be made for the *unused* portion of facility use/services, from the time of the request.
- If you paid by credit card, your card will be credited. If you paid by check or cash, it may take up to 30+ days to receive payment from OU-Accounts Payable.

Name: _____ Member ID# _____

Send reimbursement to:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SELECT ONE . . .

	<p>Request due to medical problems.</p> <p><i>*A note from your physician is required—please attach note to form.</i></p>
	<p>Request due to moving out of LOCAL AREA (2+ hours away) for job or personal reasons.</p> <p><i>Brief description of purpose:</i></p>
	<p>Please explain your reimbursement request in detail. Use back of form if necessary.</p>

Member signature: _____ Date: _____ Staff initials: _____