

NASSAU COUNTY SMART SAVINGS PROGRAM  
c/o Pamela D'Apuzzo  
COMPLETE MANAGEMENT SOLUTIONS, LLC.  
55 Kennedy Drive, Suite 2  
Hauppauge, New York 11788



## NASSAU COUNTY SMART SAVINGS PROGRAM REIMBURSEMENT FORM

### PRIMARY INSURED INFORMATION

PRIMARY INSURED \_\_\_\_\_  
Last Name First Name Middle

PRIMARY INSURED'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Is this a change of Address? Yes \_\_\_ No \_\_\_

Insurance Card # \_\_\_\_\_

### PATIENT INFORMATION

1) PATIENT'S NAME \_\_\_\_\_

PATIENT'S ADDRESS \_\_\_\_\_  
(If different from primary insured's address)

RELATIONSHIP TO PRIMARY INSURED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX: M \_\_\_ F \_\_\_

### PATIENT INFORMATION

2) PATIENT'S NAME \_\_\_\_\_

PATIENT'S ADDRESS \_\_\_\_\_  
(If different from primary insured's address)

RELATIONSHIP TO PRIMARY INSURED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX: M \_\_\_ F \_\_\_

\*Use a separate sheet for additional patients.

**Note:** Claimant must provide proof of out-of-pocket expenses totaling \$2,000.00 in medical costs that would have otherwise been covered by a second family insurance plan. See reimbursement procedures for more information.

# EXPENSES

Patient	Date of Service	Out-of-Pocket Expenses (i.e., co-pays, deductibles)	Reimbursement Amount

\* Attach additional sheets if necessary.

The undersigned certifies as follows: To the best of my knowledge and belief, the statements made in this Reimbursement Form are true and complete. These statements are being made for reimbursement of eligible expenses under the Smart Savings Program incurred during the respective plan year for eligible plan participants. I certify that I have exhausted the \$2,000.00 buyback amount. I further certify that I have incurred additional expenses exceeding \$2,000.00 for expenses that would have otherwise been covered by a second family health insurance plan.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Mail to:**  
**NASSAU COUNTY SMART SAVINGS PROGRAM**  
**c/o Pamela D'Apuzzo**  
**Complete Management Solutions, LLC.**  
**55 Kennedy Drive, Suite 2**  
**Hauppauge, New York 11788**  
**(631) 840-5218**