

NATIVE TRADITIONAL HOLISTIC HEALING BENEFIT REIMBURSEMENT FORM

EMPLOYEE'S STATEMENT

(To be completed by Employee)—BLACK INK only

Employee's Name: _____

Names of covered Member(s) Who Received Services: _____

Mailing Address: _____

Employer: Central Consolidated Schools (Please indicate School Name) _____

I certify that the healing ceremony indicated below was performed for me and/or my covered dependents by a commonly recognized or authorized Native Traditional Practitioner. I hereby request reimbursement in the amount of \$ _____ for the service. I authorize the Native Traditional Practitioner to verify information contained only on this form.

Method of payment: Cash _____ Money Order _____ Check _____

NATIVE TRADITIONAL PRACTITIONER'S STATEMENT (To be completed by Native Practitioner)

Native Traditional Practitioner's Name (**Please Print**): _____

Phone: _____

Mailing Address: _____

CEREMONY PERFORMED – Check appropriate Box(s)

- CEREMONY
- PRAYERS / HEALING
- BLESSING WAY
- OTHER (must indicate service) _____

Date(s) Ceremony was Performed (Month/Day/Year required) _____

(Separate claim form must be submitted for each date of service unless one ceremony lasts for more than one day, consecutively)

PARTICIPANT (must match above) please check mark:

- EMPLOYEE
- EMPLOYEE SPOUSE
- EMPLOYEE CHILDREN

Signature or Thumb Print of Native Traditional Practitioner

Date

(Required to validate claim)