

WellWorks Reimbursement Form

**Please
read**

- 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 Visa/MasterCard, your card will be credited within a week of receipt of form. If you paid by check or cash, it may take up to 30+ days to receive payment due to paperwork processing with Accounts Payable.

Member's Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Membership ID #: _____

Select ONE . . .

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

Member signature: _____ Date: _____ Staff initials: _____