

NASSAU COUNTY SMART SAVINGS PROGRAM  
c/o Pamela D'Apuzzo  
RR Health Strategies, LLC  
102 Motor Parkway Ste 520  
Hauppauge, NY 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.**

