

Insurance Reimbursement Request

Request Insurance Reimbursement

Please Print Legibly

Today's Date: _____

Name: _____

Beacon Card Number:# _____

UMB Email: _____

Phone Number: _____

Insurance Reimbursement

- You may only submit one insurance reimbursement per membership plan per calendar year

Please contact your healthcare provider for details.

Please fill out the information and return to the Member Services desk located on the first floor of McCormack Hall in the Beacon Fitness Center (or email). Please allow 5 business days for your letter to be processed. Letters will be emailed. Any questions; contact:

UMBRec@umb.edu

Member Services Station Hours:

Mon-Fri- 9:00AM-5:00PM

