

PHLEBOTOMY REIMBURSEMENT FORM

*** Please note: NHS will only reimburse for cost of the phlebotomy, not for additional tests or supplies ***

If you are a NHS participant and need to be reimbursed for an out-of-pocket charge:

Complete this section and **attach a receipt for the phlebotomy service**. You may return the form in the packet envelope with your samples or mail it separately to the address below.

PARTICIPANT REIMBURSEMENT FORM
Name: _____ Phone: _____
Address: _____
Phlebotomy laboratory/clinic name: _____
Amount of reimbursement: _____

If you are a laboratory and are billing for a phlebotomy service:

Complete the form below and **attach an invoice**. Mail the form with a self-addressed stamped envelope to the address below.

LABORATORY REIMBURSEMENT FORM
Patient Name: _____ Patient Phone: _____
Patient Address: _____
Laboratory/clinic name: _____
Laboratory/clinic phone: _____
Laboratory mailing address: _____
Amount of reimbursement: _____

Please mail the completed form, along with a receipt or an invoice and a self-addressed stamped envelope to:

NHSII Biospecimen Collection 221 Longwood Avenue Lab 611 Boston, MA 02115

If you have any questions, please call the DWH collection staff at (617)-432-1758