

# 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**. The receipt should show phlebotomy charges have been paid by you. You may return the form in the mailing kit with your samples or mail it separately to the address below.

<p><b>PARTICIPANT REIMBURSEMENT FORM</b></p> <p><b>Name:</b> _____ <b>Phone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Phlebotomy laboratory/clinic name:</b> _____</p> <p><b>Amount of reimbursement:</b> _____</p>
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**If you are a laboratory and are billing for a phlebotomy service:**

Complete the form below and **attach an invoice**.

<p><b>LABORATORY REIMBURSEMENT FORM</b></p> <p>Patient Name: _____ Patient Phone: _____</p> <p>Patient Address: _____</p> <p>Laboratory/clinic name: _____</p> <p>Laboratory/clinic phone: _____</p> <p>Laboratory mailing address: _____</p> <p>Amount of reimbursement: _____</p>
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**Please return this completed form, along with receipt or invoice in the mailing kit with your samples. Or mail the completed form, along with a receipt or an invoice 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) 432-7214