

FPDR



Bureau of Fire and Police Disability and Retirement

1800 SW First Avenue, Suite 450, Portland, OR 97201
503-823-6823; FAX – 503-823-5166; B236/450

REIMBURSEMENT REQUEST FORM FOR LOST TIME TO ATTEND MEDICAL APPOINTMENTS



January 2013

MEMBER INFORMATION

Fire Police

Member's Legal Name:

Claim No:

Injury Date:

Member's Home Address:

Condition/Illness:

Date of appointment

Doctor/Provider

Hours

FPDR Date Stamp

			FPDR Date Stamp

Total Hours _____

I hereby affirm this request for reimbursement is true and is related to my approved claim. I attest that the time requested is for a documented absence from work.

Member's Signature _____

Date _____

Important Notice: Please submit this request before the end of the payroll period in which the time was missed so FPDR can reimburse you directly rather than through a Bureau restoration. FPDR fax number: 503-823-5166

INSTRUCTIONS: Payment for missed time from work due to a doctor appointment related to an approved claim may not be considered for payment without FPDR's receipt of this form, signed and dated.

To be completed by FPDR staff:

Approval

Disapproval

Analyst stamp