

Medicare Part B Reimbursement Form
CITY OF MILFORD, CONNECTICUT

MAIL TO: **CITY OF MILFORD**
 HUMAN RESOURCES - LYNN KELLIHER
 70 WEST RIVER STREET
 MILFORD, CONNECTICUT 06460

ADDRESS CHANGE?

☐

(check if yes)

PLEASE FILL OUT FORM **COMPLETELY**:

MONTHS FOR REIMBURSEMENT

NUMBER OF MONTHS

AMOUNT PER MONTH

TOTAL REIMBURSEMENT

SIGNATURE

DATE

NAME (PLEASE PRINT)

ADDRESS

CITY

STATE

ZIP CODE

FINANCE DEPARTMENT USE ONLY

VENDOR#:

ACCT CHG'D:

0010 4710 0000 4217 0000