

# THE MANHATTAN LIFE INSURANCE COMPANY

Administration Office: 5 Waterside Crossing, Third Floor, Windsor Connecticut 06095

## Request for Medical Fee Reimbursement

Policy Number

Agents name and ID number

Insured – Last Name

Insured – First Name

Reimbursement by commissions credit to agent listed above?

or

Reimbursement by commission credit to agent: \_\_\_\_\_ ( )  
Agents name and agent code

or

Reimbursement by check to below person?

Person to be paid

Address

City

State

Zip Code

Regular Doctors

Brazil Only

VZ Only

Items being paid for:

<input type="checkbox"/> Exam Only	\$ 45	\$ 70	
<input type="checkbox"/> Exam with DBS	\$ 60	\$100	\$ 70
<input type="checkbox"/> SMA 18	\$ 65	\$120	\$100
<input type="checkbox"/> Repeat DBS	\$ 15	\$ 25	
<input type="checkbox"/> Home Office Specimen/Urinalysis	\$ 10	\$ 20	
<input type="checkbox"/> Attending Physician Statement	\$ 35	\$ 60	
<input type="checkbox"/> EKG – Resting	\$ 45	\$ 50	
<input type="checkbox"/> EKG – Treadmill	\$150	\$200	
<input type="checkbox"/> HIV, Nicotine, Cocaine (Mexico Only)	\$ 90	\$ 0	
<input type="checkbox"/> Other/Otro: _____	\$ _____	\$ _____	

Total Due =

The Manhattan Life will not reimburse for items not specifically requested by Underwriting.