



Maternal Wellness Reimbursement Form

Submit after completion of Maternal Wellness Class. Reimbursement must be submitted ***within 15 days after class completion***. To be eligible for reimbursement, you must submit *reimbursement form, verification from prenatal class, and proof of payment*. Read instructions below carefully.

Today's Date: _____ If spouse reimbursement, spouse's birthdate _____

Employee/Spouse's Name: _____

Employee ID #: _____

Mailing Address: _____

City, State, Zip Code _____

Phone: Work: _____ Home/Cell _____

Name of Childbirth Class/breastfeeding class: _____

Location of Class: _____

Amount\$: _____ (must provide proof of payment)

I certify that these expenses are correct and were incurred by me/spouse on behalf of INTEGRIS Health.

Employee Signature _____ Date: _____

Instructors Signature _____ Date: _____ Facility: _____

Submit the reimbursement form one of the following ways:

Employee Wellness

5100 N Brookline Ave., Ste. 175

Oklahoma City, OK 73112

Email: employee.wellness@integrisok.com

Inter-Office: 001.7063

Fax: 405.552.8729

Retain a copy for your records.

Submit Form to Employee Wellness: Fax: 405.552.8729 OR Inter-office: 001.7063 OR Email:

employeewellness@integrisok.com OR Mail: Employee Wellness, 5100 N Brookline Ave, Suite 175, OKC OK 73112