XAVIER UNIVERSITY
Human Resources Office

HEALTH CARE PLAN FOR IN / OUT PATIENT FORM

INSTRUCTION:
A) For Out Patient:
1. Please have your attending physician/dentist/optometrist fill out this form for reimbursement   purposes.
2. All reimbursement shall require original official receipts. ***Only original official receipts dated within 30 days of reimbursement shall be honored.***
3. When all documents (one copy is needed) are complete, submit to HRO.
4. HR Director will issue voucher based on agreed guidelines.

B) For In Patient:
1. If application is for hospitalization, please bring this form to the University Physician for determination of kind of hospitalization.

Date _____

This is to certify that I have treated _____ for
(Name of patient)

_____
(Diagnosis and Operation Perfromed)

I have prescribed the following: _____

_____

_____
Signature of Attending Physician