## Wellness Benefit Request

Direct payment to a provider or reimbursement of up to \$125 may be requested for each counseling session, up to a maximum benefit of \$750 per calendar year, or six sessions annually. This benefit is for individual therapeutic counseling for the employee, marriage counseling for the employee and spouse, or family counseling that includes the employee.

Please submit requests within the timeframes below:

- Invoices to be paid directly to the counselor's office within one week of receipt.
- Reimbursement requests no later than 30 days after the end of the calendar year.

## Invoices should include:

- Name of patient
- Date of service
- Business name (ex: ABC Counseling + address)
- # of sessions
- Amount

Check one:	Reimbursement	Invoice to pay counselor
	Deposit reimbursement in my HSA account	
Employee Name:		
Name and Address o	of Counselor:	
		DF VISITS:
OFFICE USE ONLY:		
# of visits:	# of prior visits:	total visits for year:
Approval		
Chack #:	Date:	