

**ASPE Health Care Co-pay
Reimbursement Form
YFU FLEX & YES Scholars**



**YOUTH FOR UNDERSTANDING USA
Intercultural Exchange Programs**

YFU will reimburse the following fees which ASPE Accident and Sickness plan does not cover:

1. \$25 co-pay for office visits
2. \$75 co-pay for Emergency room, hospitalization, and urgent care

FLEX/YES Student name:		
Local Coordinator:		
Host Family name:		
Reimbursement should be paid to (select one): <input type="checkbox"/> Student (funds will be added to student's US Bank Visa debit card) <input type="checkbox"/> Host Family: Make check payable to _____		
Street Address (person receiving reimbursement):		
City:	State:	Zip Code:

To be reimbursed for co-pays:

1. Complete and sign this form.
2. Attach **original** receipts for your co-pay(s). (*save a copy for yourself*)
3. Mail the completed form with receipts to:

YFU USA, 3995 Fashion Square Blvd, Suite 2, Saginaw, MI 48603

	Date of Visit	Type of Visit Ex: Doctor visit / ER visit	Cost
<i>example</i>	8/25/23	ER Visit	\$75
1			\$
2			\$
3			\$
4			\$
5			\$
TOTAL	\$		

Host Parent Signature_____

Student Signature_____