



9169 River Road
Marcy, New York 13403
Phone: 315-768-8502
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www.ALSUtica.org

Located in the Office of Advanced Tool Inc.

Reimbursement Form \$1200 Annual Expense Account

It is ALS of Utica's goal to add to the quality of life for our ALS patients living in Oneida and Herkimer Counties. We understand that living with ALS can be very costly. These funds can be used for the costs associated with living with ALS.

Examples of what we cover: Vitamin Expenses, Home Care Expenses, Durable Medical Equipment, Snow removal for the season, Lawn Mowing for the season, Transportation for a day of leisure to lift your spirits, etc.

This is \$1200 paid out in a single calendar year and does not carry over to the next calendar year.

Name: _____

Address: _____

Phone: _____

Dollar Amount Requested: \$_____ (please enclose receipt if available)

These funds are for the following: _____

*** Please allow up to 30 days for processing. Please note if you are a new patient to ALS of Utica, there may be some preliminary forms needed to register you into our database before any reimbursement can be made. We will contact you if necessary. ***

All requests for payments are put before the Board of Directors. ALS of Utica reserves the right to deny payment of a request.

Signature