

NAME (last name, first name):

Raytheon Polar Services Company

7400 S. Tucson Way, Centennial CO 80112-3938
(303) 790-8606 (800) 688-8606 Fax (303) 649-9275

MEDICAL/DENTAL EXPENSE REIMBURSEMENT FORM

RPSC will reimburse **Raytheon employees** for out-of-pocket fees for approved medical and dental costs incurred while obtaining clearance for deployment to Antarctica. If an insurance carrier has been billed, the reimbursement amount will be the amount of the cost minus any insurance payment. All candidates are responsible for submitting the proper claims to their insurance carrier and for paying any fees/deductibles associated with the medical and dental clearances directly to their provider. You must pay bills in full and show a zero balance before you can be reimbursed. RPSC will reimburse for dental exams and x-rays, but **will not reimburse for cleanings (prophylaxis) or work done on teeth.** RPSC will reimburse employees up to \$175.00 for one pair of prescription sunglasses and also up to \$175 for one pair of prescription safety glasses (if required for job duties) (frames and lens combined) **every other year.** RPSC will not reimburse for eye exams or non-prescription sunglasses. RPSC will only reimburse employees for their prescription sunglasses/safety glasses after they are medically and dentally cleared for deployment and itemized receipts are attached.

Falsifying and/or fraudulent claims may result in penalties and disqualification from the United States Antarctic Program.

Do NOT have Doctor or Dentist bill RPSC!

RPSC employees should complete and submit this form along with **ITEMIZED BILLS** showing full payment from the doctor/dentist/optometrist and any corresponding insurance provider information. **EXPENSE REIMBURSEMENTS MUST BE SUBMITTED BY MARCH 1st OF THE FOLLOWING CALENDAR YEAR.**

Medical	Amount	Dental	Amount
Physical Exam (Including EKG – 12 Lead)		Dental Examination	
Labs		Bitewing X-rays	
Tetanus Immunization Tuberculin Skin Test		Panographic or Full Mouth X-rays	
Exercise Stress Test/Echo		Periodontal Probing	
HIV Test		PA X-ray(s)	
Chest X-ray		Dental Misc. (list):	
Mammogram			
Gyn Exam (w/ Pap Smear)			
Drug Screen		DENTAL TOTAL	
Gallbladder U.S.			
EKG			
Medical Misc. (list):			
MEDICAL TOTAL			
Rx Sunglasses	R-PS80-210A40I03BD	Rx Safety Glasses	
Frames		Frames	
Lenses		Lenses	
SUNGLASS TOTAL		SAFETY GLASS TOTAL	

Mailing address to send check: _____

SIGNATURE (Required): _____

For RPSC use only:	Amount	Approver	Date
Total Reimbursement Due to Participant:			
Charge Codes: R-PS80-210A40I03BA		Employee #: _____	GL#: 521099