



Ryan Y Rehberg, President  
Debbie Stern, Assistant Trust Administrator

Mark A. Reinhardt, Vice President  
James A. Davies, Vice President

*An affiliate of Rehberg Law Group, PLLC, established in 1968*

## TRUST REIMBURSEMENT/PAYMENT APPLICATION PACKET

### INSTRUCTIONS:

1. **Trust Reimbursement/Payment Application.** You will need to complete the Application page (attached) and return it to us to be eligible for reimbursement. **All reimbursement/payment requests must be turned in to Rehberg Trust Services within ninety (90) days of purchase and/or service for reimbursement. Please keep in mind that it can take up to ten (10) work days for reimbursement/payments request to be processed.**
2. **Payment for Services Rendered Table.** Fill in the table on the next page as completely as you can.
  - All blanks must be completed
  - If an item does not apply, write in N/A
  - If supporting documentation holds the information needed on the Payment Application form, there is no need to duplicate in writing; just fill in "see attached"
3. **Supporting Documentation.** You will need to provide supporting documentation with your Application. Supporting documentation must be in original format. If canceled checks are being submitted as proof of payment, both front and back copies must be submitted. If receipts are being submitted, they must be an ORIGINAL. Maintain a copy of all submitted documents for your records. **Original receipts, copy of the check (front and back) used for purchase and/or the signed settlement form must be submitted to receive reimbursement.**
4. **Types of Expenses.** The following provides an overview of information and documentation required.

**Expenses covered by your health care plans:** Medical and dental expenses covered by your health care plans must be submitted under those plans first. Attach a copy of the "explanation of benefits" statement to claim amounts not paid by your health care plans, along with an itemized receipt.

If you do not carry coverage under a health, dental or vision plan, or your policy does not provide an Explanation of Benefits, please provide a written statement of such and a copy of the receipt. The receipt must indicate the provider of service, patient name, date(s) of service, type of service rendered, the amount billed and any payments received.

### **Other expenses:**

Request for Pre-Payment of Estimated Payments: On the attached Application, you will need to provide:

- |  |  |
|--|--|
| - Date service is expected             | - Name and address of service provider |
| - Name of person receiving the service | - Amount proposed                      |
| - Name/list of service or supplies     |  |

If eligible, the Trustee will provide payment directly to the service provider.

Payment for services rendered?

- |  |  |
|--|--|
| - Date service was rendered            | - Name and address of service provider |
| - Name of person receiving the service | - Amount charged                       |
| - Name/list of service or supplies     |  |

If eligible, the Trustee will provide payment to the payor of the funds.

**SeaTac**  
18000 International Blvd., Suite 550  
SeaTac, WA 98188

**Bellevue**  
1400 112<sup>th</sup> Ave. SE, Suite 100  
Bellevue, WA 98004

Phone: (206) 246-8772 • Toll Free: (877) 246-8772  
Email: [contact@rehberglaw.com](mailto:contact@rehberglaw.com) • Website: [rehberglaw.com](http://rehberglaw.com) • Fax: (206) 454-7910

**TRUST REIMBURSEMENT/PAYMENT APPLICATION**

*(to be returned to RTS)*

**PAYMENT FOR SERVICES RENDERED:**

Date of Service	Person receiving service	Service/Supplies	Name & contact information of Service Provider	Charge Amount	Supporting documentation supplied?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Original receipts, copy of the check (front and back) used for purchase and/or the signed settlement form must be submitted to receive reimbursement.**

**Please keep in mind that it can take up to ten (10) work days for reimbursement/payments request to be processed.**

**CERTIFICATION AND AUTHORIZATION:**

I understand that I am required to ensure that the information I have entered on this form is as complete and accurate as feasible on the date it was completed. I further understand that the data I have supplied on this form may be investigated and used by any and all current staff and attorneys of **REHBERG TRUST SERVICES, PLLC, as Trustee**, to determine eligibility for the reimbursement requested. I hereby authorize release of this information to and only to these individuals for the purposes set forth in this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Submit to:**  
**REHBERG TRUST SERVICES, PLLC**  
**18000 International Blvd, Suite 550**  
**SeaTac, WA 98188**  
**Phone (206)246-8772**

**Check List:**  
 **All blanks completed**  
 **Supporting documentation included**  
 **Form signed and dated**  
 **Front & back copies of cancelled checks**

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**\*\*\*\*\* FOR REHBERG TRUST SERVICES, PLLC USE ONLY\*\*\*\*\***

**Approved.** Trustee, Ryan Y Rehberg, certifies that the reimbursement application meets all required standards and administrative requirements of the Trust and is approved.

**Amount Granted \$** \_\_\_\_\_

**In Full**

**Denied.** (See denial letter for reasoning and appeal options).

**Decision deferred pending receipt of more information from applicant.** (See comments below or enclosed letter for additional information needed).

\_\_\_\_\_  
Trustee, Ryan Y Rehberg, Attorney at Law

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Trustee, Ryan Y Rehberg, Attorney at Law

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
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 \_\_\_\_\_