

## BRACE FUND RULES REGARDING PROOF OF PAYMENT

We will reimburse you for medical expenses related to spina bifida. You must sign a short application form and provide proof that you paid the bill. These are the rules regarding the bill and your proof of payment. We established these rules to ensure the integrity of the payments we make.

1. You must provide original documents. No photocopies. If you need to retain the original document, we will return it to you.
2. For small purchases, such as incontinent garments from the grocery store, your original cash register tape is sufficient. Please circle the item, the cost and the date so we can find the information.
3. For prescriptions, provide the "pharmacy slip" that accompanies the prescription. The pharmacy slip shows the name of the patient, the name of the medication, the cost and the date. Circle the name of the medication, the cost and the date. In addition, please hand-write a word or two on the slip to explain the connection of the medication to spina bifida. For example: "Bladder control" or "Bladder infection"
4. For larger-cost items (that is, items over \$50), provide (a) the original bill and (b) the original proof of payment.
  - a. Original bill - - The bill should identify the item, date and cost.
  - b. Original proof of payment - - This should be your original credit card slip, credit card statement or cancelled check. If your bank does not return cancelled checks to you, provide whatever document your bank gives you. The amount you paid (item b) should match the amount shown on the bill (item a).
  - c. Warning: Do not pay cash for larger-cost items. We cannot reimburse cash transactions for larger-cost items because large cash transactions are high-risk.