



# Battery Reimbursement Application

Please complete all sections below to expedite processing.

Member Name:

Member Number:

Mailing Address:

Date of Service:

City:

State:

Zip:

Day Contact Number:

Reason for Reimbursement Request:

To return your request form:

1. Fill out the form.
2. Select one of the two following options:

- Select Email button
- Attach a copy of the paid invoice/warranty and a copy of the battery service invoice, receipt, and test strips.
- Send

OR

- Select Save/Print and save the form to your computer or device.
- Open an email and attach the form, a copy of the paid invoice/warranty, and a copy of the battery service invoice, receipt, and test strips.
- Send to: [ECERSReimbursementOHKYWV@aaaec.com](mailto:ECERSReimbursementOHKYWV@aaaec.com)

Please allow up to 4 weeks from the date of receipt for processing. Please keep a copy of this reimbursement form and the original battery service invoice for your records. Incomplete documents may delay processing. Please feel free to call the Member Relations Department at (216) 606-6332 with any questions.