Jacksonville Transplant Alliance

Prescription Reimbursement Form

Please complete the following information. Missing information may delay receipt of your reimbursement.

Recipient Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Date of Transplant _____ Transplanted Organ(s) _____

Name of your Transplant Social Worker _____

Medication(s) for Reimbursement _____

Receipt Total $_____ Name of Pharmacy _____

Location of Pharmacy: City _____ State _____

Return upper portion of form with receipts to the address below.

Cut here

Keep lower portion.

To receive up to a $100 reimbursement on your medications, please mail your completed Prescription Reimbursement Form along with your original receipt(s) or receipt copies to the address below. Receipts must show the date and the name of the medication(s) for which you are being reimbursed. Only receipts dated after January 1, 2023 will be accepted.

Steven Binder
Jacksonville Transplant Alliance
2060 Hovington Circle East
Jacksonville, FL 32246-1110

If you have any questions, please email Steven Binder at stevenfla@comcast.net.

Reimbursement checks will be mailed approximately 3 weeks following receipt of your form. Checks will be written by and sent from the Nonprofit Center of Northeast Florida.