



Healthcare  
Solutions Team®  
*A Plan for Everyone®*

## LEAD REIMBURSEMENT FORM

All reimbursements must be submitted by the last day of each month.  
Please send to Adriana Rock at [arock@aplanforeveryone.com](mailto:arock@aplanforeveryone.com) or fax to 630.261.1051.

**Agent/Business  
Name:**

**Date Submitted:**

**Total Amount Spent:**

**Expense Description:**

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Proof Of Payment (Attach Copy of Receipt)

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**FOR INTERNAL USE ONLY:**

Placement Rate: \_\_\_\_\_ Reimbursed On: \_\_\_\_\_ Amount Paid: \_\_\_\_\_