To: Healthcare Provider - 医疗保健专业人員

From: Office of Human Resources 人力资源办公室 – Kean University

Re: New Health Insurance Benefits Plan - 新的医疗保险福利计划

Dear Healthcare Professional - 各位医疗保健专业人員,

In order to help our staff receive financial reimbursement for the services you have rendered, we kindly ask for your support in helping them complete the attached claim form detailing the services you have performed and the total cost for each service rendered.

為了让我們的同仁因为您们提供的医疗服务得到適当的财务辅助，所以当您提供医疗服务時，
恳请您协助他們填写下列的申請表格:

On the attached form accompanying this letter we have highlighted the following information which we would kindly ask you to complete including:

在此随信附上的表格，在強调重点的部分，恳请协助完成:

- DIAGNOSIS / REASON FOR TREATMENT / SYMPTOMS
- NAME
- ADDRESS
- PHONE NUMBER
- DATE OF SERVICE
- AMOUNT

- 診断/治疗原因/症狀
- 姓名
- 地址
- 电話
- 診断日期
- 金額

If you could complete this information and provide a receipt/invoice, this will allow the insurance company to process the claim accordingly - 在您的协助下完成表格的填写，以便保險公司能正確的完成作业.

Thank you - 多谢您的合作,