FAMIS Co-payment Tracking Form

Some doctor visits and services require a fee called a co-payment. Use this form to track those fees. Your family's co-payments will end when you reach the yearly limit.

HERE IS WHAT YOU NEED TO DO:

- ❑ Save your receipts showing what you paid for each FAMIS doctor visit and medicine.
- ❑ List each receipt on this form.
- ❑ Mail this form and your receipts to us when they total your family's co-pay limit.
- ❑ We will review your receipts and tell you if the fees you paid meet the yearly limit.
- ❑ If your family has met the yearly limit for co-payments, we will send you a letter and a new ID card showing $0 co-payment amounts.

Name: _____ Family ID #: _____

Address: _____ Phone Number:_____

Date of Service	Patient's Name	Who did you pay?	How much?

Total Paid: $_____

Mail this completed form and receipts to:
FAMIS
PO Box 1820
Richmond, VA 23218-1820

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