



P A J A R O V A L L E Y  
**COMMUNITY**  
**HEALTH TRUST**

**DENTAL AFFINITY PROGRAM**  
**LAB FEE REIMBURSEMENT REQUEST**

The Pajaro Valley Community Health Trust (Trust) has a limited fund available to help offset some of the cost of lab fees for Dental Affinity Program patients that resident in the Trust’s primary service area. The Trust’s primary service area consists of three zip codes: 95076, 95019, and 95004. The communities within this service area include Watsonville, Pajaro, Freedom, and Aromas.

In order to receive reimbursement from the Trust, the patient is responsible for paying at least \$50 of the total lab fees. The Trust will then pay the remainder up to \$500. If the lab fees exceed \$550, it is either the patient’s or the provider’s responsibility to pay the remaining amount. The handling of this outstanding balance should be worked out between the provider and the patient.

To receive reimbursement from the Trust, please submit this form along with a copy of the original lab invoice. The lab invoice must include the lab’s name, doctor’s name, patient’s name, and list of services provided.

**Provider Name:**

**Address:**

**Telephone Number:**

Patient Name	Patient DOB	Patient Address (Street, City and Zip)	Referring Clinic

Description of Treatment Provided	

Please mail or fax this completed form along with a copy of the lab invoice to: Pajaro Valley Community Health Trust Attn: Dental Affinity Program 85 Nielson Street Watsonville, CA 95076 Fax: (831) 763-6084	<b>Total Lab Fees</b>
	<b>Amount Paid by Patient</b>
	<b>Requested Reimbursement from PVCHT (not to exceed \$500)</b>

If you have any questions, please contact Kathleen McCarthy by phone at (831) 761-5695 or by email at [kmccarthy@pvhealthtrust.org](mailto:kmccarthy@pvhealthtrust.org).