

HEALTH REIMBURSEMENT ARRANGEMENT CLAIM FORM

HEALTH REIMBURSEMENT ARRANGEMENT CLAIM REQUEST FORM

To request reimbursement, please complete this form, including appropriate documentation and provide signatures where required.

All required fields applicable to your claim must be completed in order to process the claim.

I certify that all listed expenses have not been reimbursed by any other source, nor will they be reimbursed by any other source. In addition, I certify that these expenses were incurred for eligible members of my family or me, and they have not been reimbursed from any other health insurance coverage.

Participant's Signature _____ Date _____

**** REQUIRED - CLAIM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE ****

NAME: Last _____ First _____ M.I _____

SOCIAL SECURITY # HOME TELEPHONE

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

Required for automatic notifications

HEALTH REIMBURSEMENT ARRANGEMENT - (REQUIRED - COMPLETE ALL SECTIONS)

In order to receive reimbursement, copies of supporting documentation must be attached. Please include copies of an itemized bill from the provider listing exact dates of service (balance forward statements are not acceptable), service performed and cost or an Explanation of Benefits (EOB) from your insurance company listing service dates, service performed and cost. Please retain a copy of this claim form and supporting documentation for your records, as we are unable to return original documents to you.

Service Date	Paid to	Drug Name if Prescription	Procedure Code	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

PROCEDURE CODE
A = Medical B = Dental C = Eye Care
D = Prescription I = Insurance Premium E = All Others

FOR OFFICE USE ONLY
 Notified of ineligible expense Date __/__/__

Please Mail or Fax the completed, signed form along with copies of your medical charges to the address/fax below:

Beneflex Incorporated - 624 Grassmere Park Drive, Suite 15 - Nashville, TN 37211
 Telephone: (800) 925-4087 - (615) 831-0990 - Facsimile (800) 449-7501 - (615) 831-9910