

UnitedHealthcare Benefit Services

Health Reimbursement Arrangement (HRA) Claim Form

To expedite your reimbursement, fax this Claim Form and supporting documentation toll-free to 1-800-760-3727. This Claim Form serves as the cover page.

Complete when faxing:
 # of pages _____
 Daytime e-mail or phone # _____

1. General Claim Information (Also complete sections 2 and 3 below)

This claim is a (fill-in one) New Claim Resubmission

Employee Soc Sec / ID: _____ TOTAL REQUESTED REIMBURSEMENT AMOUNT

Employee Signature: _____ \$ _____, _____ . _____
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Date: _____/_____/_____

I certify that I have not been reimbursed for these expenses from this Plan, nor have they or will they be reimbursed by any other source. I further certify that the expenses for which I am claiming are eligible according to the terms of the Plan and that the information I provide on this form is correct. If I've received reimbursement for expenses later found ineligible, I will be responsible for taxes or penalties arising from the ineligible expenses. I understand any expenses reimbursed under this Plan cannot be claimed on my personal income tax return.

2. Participant Information (please print)

 Last Name First Name MI Employer

E-mail Address _____
Providing your e-mail address will help us communicate with you easier. UnitedHealthcare Benefit Services will not share, rent or trade your e-mail address.

3. Medical Expense Information (please print)

Complete the following information for each medical expense that you are requesting reimbursement. If you have multiple items of similar Types of Service (for example, ten prescriptions), you may combine them on one line. Attach supporting documentation verifying each expense. The documentation must list the date that the service was performed, provider name, type of service, patient name, and your portion of the charge for each the service.

M	Dates of Service	Provider Name	Service Type	Amount
1.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____
2.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____
3.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____
4.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____
5.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____
6.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____
7.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____
8.	____/____/____ to ____/____/____	_____	_____	\$ _____, _____ . _____

4. Submitting Your Claim

You must complete sections 1, 2 and 3 above. Review the back of form for important information on how to successfully file a claim. Failure to complete all sections of this form or to attach sufficient claim documentation will delay your reimbursement. Keep copies of your claim. If you require a copy of a submitted claim from UnitedHealthcare Benefit Services, a \$25 fee may apply.

Send Claim Form and supporting expense documentation to UnitedHealthcare Benefit Services:
Toll-Free Claims Fax: 1-800-760-3727 (Claim Form serves as the cover page)
Mailing Address: P.O. Box 1747, Brookfield, WI 53008-1747

Questions? Visit UnitedHealthcare Benefit Services on the web or call 1-877-797-7475



Visit our website to view complete account history, obtain additional forms, and other helpful information.

www.uhcservices.com

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Important Claims Submission Information
Please Do NOT Fax or Mail This Page

How To Successfully File an HRA Claim

The documentation submitted along with your HRA claim form **MUST** include the following information. If any portion is missing, the claim will be returned to you and cannot be reimbursed until re-submitted with the proper documentation.

MEDICAL EXPENSES

- ◆ If the expense is reimbursable by an insurance company, you must submit the expense to the insurance company first. **You must them submit the Explanation of Benefits (EOB) received from the insurance company as your expense documentation.**
- ◆ If prescription expenses are eligible for reimbursement through your HRA plan, submit the prescription receipt with the medication purchased showing the patient name, medication name, the date the prescription was filled, and the amount you owe for the medication. **Cash register receipts or charge slips for prescription purchases cannot be accepted as they do not indicate the medication name or patient.**
- ◆ Canceled checks, 'balance forward' statements, 'previous balance' statements, 'paid on account' statements or receipts, charge card receipts, or charge card statements are not acceptable forms of expense documentation according to the IRS as they do not clearly indicate the date of service or type of service.
- ◆ Claims can be submitted at your convenience. Claims incurred during the plan year can be submitted at any time during the plan year or during the "run-off period" after the Plan Year has ended. **Claims received after the run-off period has expired for the plan year in which they were incurred cannot be considered for reimbursement.**
- ◆ All expenses must be incurred prior to being considered for reimbursement. If the expense has not been incurred it is not eligible for reimbursement.

Definition of "Incurred"

The term "incurred" used throughout this form refers to the date you or your eligible dependent is provided the care that gives rise to the qualified medical, expense. This date could be different than the date you are billed or pay for the expense.

Employee Certification

- ◆ I understand that UnitedHealthcare Benefit Services may scan my claim and expense documentation and store them as digital images. My original claim and expense documentation may be destroyed by UnitedHealthcare Benefit Services within a reasonable time period after receipt.
- ◆ **Health Savings Account (HSA) Owners** – I understand that if I participate in both the Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA), medical expenses for the HRA Plan are limited to dental, vision, and expenses incurred after my deductible is met under the HSA high deductible health insurance plan. I certify the expenses I am claiming do not apply towards the deductible of my HSA high deductible health insurance plan. I understand that if I am claiming medical expenses incurred after my medical deductible that I will attach an Explanation of Benefits from my insurance carrier that shows the medical deductible has been met.

Faxing and Mailing Tips

You can submit your claim for FREE using our toll-free fax line. You can also mail your claim; however, you may experience slower reimbursements due to mailing delays. Faxed or mailed claims require up to two business days for review.

Please do not use a highlighter on this form or claim documentation. Instead, circle and add notations with a dark pen as needed.

Fax Tips – Submit your claim for free via toll-free fax

- ✓ Complete claim form using a dark pen (do not use a pencil).
- ✓ If your documentation is printed on dark paper, copy it onto lighter paper.
- ✓ **Do not mail originals.**

Mailing Tips

- ✓ **Do not staple.**
- ✓ Neatly tape any small receipts onto an 8 ½" by 11" sheet of paper.

Faxed or mailed claims cannot be verified until up to two business days after receiving your faxed or mailed claims. To receive automatic notification of received claims and/or payments via e-mail, sign up for *eStatus Alerts* at www.uhcservices.com.

Keep copies of your claims. A \$25 fee may be charged for each copy you request from UnitedHealthcare Benefit Services.

Definitions

Dates of Service – The date the service was incurred. This date could be different than the date you are billed or the date you pay for the expense.

Provider Name / Type of Service – Doctor name, store name, dentist, clinic, hospital, etc. along with what service was performed (for example, 'Dr. Smith / Office visit', 'ABC Drug Store / Prescriptions', or 'The Vision Store / Contacts').

Amount Requested – The amount of the expense you are responsible for paying.

Total Requested Reimbursement Amount – The total of all **Amount Requested** expense line items.