

# PROGRESSIVE BENEFIT SOLUTIONS, LLC

# Request for Reimbursement HRA CLAIM FORM (03/2014)

Employer Name:						
Employee Name:	Last	First	МІ		SS#	
Address:	Street	City	State	Zip	Phone:	
Please o	check if this is a new address					
NOTE: Inform	ation below must be completed					
HRA CLAIMS  For Direct Deposit see attached instructions						
Date of Service MM/DD/YY	Patient Name	Patient's SS#	Relationship	Name of Provider	Description of Service	Claim Amount
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					Total:	\$
plan, and, to the account as deduc	EMPLOYER expenses for reimbursement requested fr best of my knowledge and belief, are eligations or credits when filing my (our) ind y person who knowingly and with inteles a statement of claim containing fa	gible for reimbursement un lividual income tax return. ent to injure, defraud, or	rred by me (and/or my nder my Reimbursemonder my Reimbursemonder my Insuran	r spouse and/or eligible depent Plan. I (or we) will not once company, administra	use the expense reimbursed ator, or plan service prov	through this der,
Employee Sig				_ Email:		
FOR FASTEST REIMBURSEMENT, FAX TO 203-234-1139 -OR-						

Mail to: Progressive Benefit Solutions, LLC 14 Business Park Drive #8, Branford, CT 06405



### PROGRESSIVE BENEFIT SOLUTIONS, LLC

# Request for Reimbursement HRA CLAIM FORM (10/2011)

## **HRA Account Rules and Claim Filing Instructions**

#### Rules for HRA Accounts - Request for Reimbursement

- 1. Obtain an Explanation of Benefits (EOB) from your insurance carrier for deductible-related, medical services received.
- 2. Complete, entirely, the above Request for Reimbursement HRA Manual Claim Form.
- 3. Attach the Explanation of Benefits to this Form.
- 4. Submit the Claim with attached receipts to Progressive Benefit Solutions, LLC by <u>mail</u>, <u>fax</u> or <u>on-line</u> through <u>PBS On-Line</u> by accessing <u>www.pbscard.com</u>. Additional Claim Forms are available on the PBS website <u>www.pbscard.com</u>, or from your employer.

### For Direct Deposit

1. If you have not signed up for Direct Deposit, you can input your Direct Deposit information through <u>PBS On-Line</u> by accessing www.pbscard.com to have your claim payment deposited directly into your <u>Checking</u> or <u>Savings</u> account (be sure to check one) within 2 business days from the processing of your claim.