



### Request for Reimbursement

HRA CLAIM FORM (10/2011)

Employer Name: \_\_\_\_\_

<b>Employee Name:</b>	LAST	FIRST	MI	SS#	
<b>Address:</b>	STREET	CITY	STATE	ZIP	Phone: (    )

Please check if this is a new address

**NOTE:** Information 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
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
<b>Total:</b>						\$

**EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT**

I certify that the expenses for reimbursement requested from my account were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_

**FOR FASTEST REIMBURSEMENT, FAX TO:** 203-234-1139 — **OR** — **MAIL TO:** Progressive Benefit Solutions, LLC / 14 Business Park Drive #8, Branford CT 06405



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### 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 **mail, fax** or **on-line** through PBS On-Line by accessing [www.pbscard.com](http://www.pbscard.com). Additional Claim Forms are available on the PBS website [www.pbscard.com](http://www.pbscard.com), or from your employer.

#### *For Direct Deposit*

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