

402 Graham Avenue • PO Box 1128 • Eau Claire, WI 54702-1128 PHONE: (800)236-7789 • (715)832-5535 • FAX: (715)838-8507

Request for Reimbursement Form

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Full Name (Last, First, MI)

Phone Number

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Address (Street, City, State, Zip)

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Group Name

Group Number

ID Number

HRA Reimbursement

Flex Reimbursement

Directions for using this Claim Form

For each of the accounts in which you are submitting claims, please complete the appropriate section **then attach the documentation for the expenses listed**. Documentation **must** contain the patient name, date(s) of service, service received, expense incurred and the name of the provider of service. If the expense is covered under any Medical or Dental plan, attach a copy of the Explanation of Benefits received from the carrier showing their determination of the claim.

Medical Expense Claims

Date of Service MM/DD/YY	Patient Name	Name of Provider	Description of Service	Claim Amount
				\$
				\$
				\$
				\$
				\$

Total: \$ _____

Dependent Care Claims

Date of Service From: _____ To: _____	Dependent Name	Dependent Care Provider Name	Provider Tax ID# or SSN	Claim Amount
				\$
				\$
				\$
				\$
				\$

Total: \$ _____

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my accounts 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 plans. 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 & 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.**

Signature _____

Date _____

**REIMBURSEMENT REQUEST MAY BE FAXED TO: (715)830-5270
OR MAILED TO: BENEFIT PLAN ADMINISTRATORS
PO BOX 1128
EAU CLAIRE, WI 54702-1128**

You may also visit our website at <http://www.bpaco.com> to review your account information.