



HRA Reimbursement Form

Claim Filing & Documentation Instructions					
1) Please sign claim form, include your email address and provide complete documentation for requested information. <u>Faxed claims received on Tuesday, will be reimbursed on Thursday.</u> 2) Attach an Explanation of Benefits (EOB) or itemized bill from the provider showing the provider name, expense description, date of service, amount paid and, if applicable, amount covered by insurance. <u>Credit card receipts, cancelled checks, and cash register receipts are only acceptable for over the counter items.</u>	3) Submit pharmacy receipts showing date of service, prescription (Rx) name and number and total amount. 4) Mailed claims are scanned offsite before processing, which may delay reimbursement up to 5 days. 5) Fax Claims to: 301-564-5192 Mail Claims to: 13511 Label Lane Suite 201 Hagerstown, MD 21740				
Company Name			Check ONE (REQUIRED): <input type="checkbox"/> NEW claim <input type="checkbox"/> Resubmitted claim <input type="checkbox"/> Letter of medical necessity on file		
Employee Name		Daytime Phone Number	Social Security Number (Last 4 Digits)		
Street Address: _____ City _____ State _____ ZIP Code _____					
Check here if this a new address: <input type="checkbox"/> Email Address _____					
(Enter the following information for EACH attached receipt)					
Account Type (HRA)	Dates of Service (from / to)	Reimbursement Amount Requested	Provider Name	Type of Service or Prescription (Rx) Number	Family Member Name, if applicable
ENTER TOTAL:					
Employee Certification	I certify that these expenses for which reimbursement is claimed have been incurred by me and/or my eligible dependents and are not payable by any other plan and will not be deducted on my federal, state or local income tax returns.				
	Employee Signature (REQUIRED)			DATE	

Comments on your claims:

Fax or mail claims to BlueFund Administration, 13511 Label Lane · Suite 201 · Hagerstown, MD 21740
 Phone 877-956-5552/Fax 301.564.5192 (DC METRO) OR 888-728-3250