



Global Imaging Services

Claim Form for 2016 Limited Purpose HRA: Medical and Rx Expenses ONLY

Instructions

This form is to be used to submit 2016 Medical and Rx Expenses that were not reimbursed by your health plan after you have met your deductible. You may also submit online at mybenefitwallet.com. Submit ONLY 2016 Medical and Rx Expenses. Do not use this form if you already received reimbursement. Complete all entries on this submission form. Please print or type. Sign and date this form. Fax it, along with the required documentation, to the claims department.

Name: _____

Last Four SSN: _____ Date of Birth: ____/____/____

List the claims that are included in this submission as well as the requested reimbursement amount.

Date of Service	Patient's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested

For each claim attach documentation indicating the Date of Service, Name of Service Recipient, Provider Name, Description of Service, Amount Charged and Paid. Note, the insurer's Explanation of Benefits (EOB) typically includes the required information.

Fax this form and the documentation for the listed claim(s) as well as proof the 2016 annual deductible has been met to:

1(443)681-4620

I certify that I have met the annual deductible in my health plan. I have attached accurate and valid documentation that shows the date my deductible was met.

Signed

Dated