CareFirst

BenefitWallet

Manual Claim Form for HRA

Use this form to submit claims for reimbursement of eligible expenses paid out-of-pocket that have not already been submitted.

- **Do not use this form** if expenses were already paid with your health care payment card.
- **Do not use this form** if you already submitted this claim online.
- Complete all entries on this submission form—please print or type.
- Sign and date this form.
- Fax or mail the completed form and itemized reports or EOBs to the claims department using the submission instructions below.

PERSONAL INFORMATION

Name of Employer:	
Employee Name (last name, first name):	Social Security Number:

DOCUMENTATION REQUIRED

You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider, an itemized pharmacy receipt, or a copy of your payment statement (for premium reimbursement).

CLAIM DETAILS

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

AUTHORIZATION AND CERTIFICATION

Read carefully: This claim will not be processed without your signature.

I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return.

Signature	Date

SUBMISSION INSTRUCTIONS

For fastest results, fax to: 855-344-6176	Or mail to: P.O. Box 622226 Orlando, FL 32862-2226

If you have any questions, please contact Customer Service at 866-229-6069.

BlueFund
CONSUMER DIRECTED HEALTH PLANS