

# HEALTH REIMBURSEMENT ARRANGEMENT CLAIM FORM

Mail to:  
UPMC Health Plan  
PO Box 2999  
Pittsburgh, PA 15230

Phone: 1-866-328-8762

No. of pages: \_\_\_\_\_

PLAN AND EMPLOYEE INFORMATION					
FIRST NAME:	LAST NAME:	MEMBER ID NUMBER:			
DAYTIME PHONE:	E-MAIL:	DATE OF BIRTH:			
EMPLOYER NAME:		PLAN YEAR:	EMP ID #		

**Note: Reimbursements will be sent to the address on file with UPMC. If an address change or update is needed, please contact your Human Resources Administrator to update.**

HEALTH REIMBURSEMENT EXPENSES					
SERVICE START DATE	SERVICE END DATE	SERVICE PROVIDER	SERVICE DESCRIPTION	WHO INCURRED EXPENSE	AMOUNT
<b>Total Amount Requested from your Health Reimbursement Arrangement Account</b>					<b>\$</b>

### REIMBURSEMENT INFORMATION

Claim Attachments: Please follow these guidelines to ensure proper processing of your claim.

- Submit a paid receipt from your service provider that shows date(s) and type(s) of service (e.g., bill(s) or receipt(s) from the doctor, hospital, lab, pharmacy, etc.).
- Credit card receipts, cancelled checks, or cash register receipts CANNOT be accepted.
- Please keep copies of all items submitted.

If you also have a Flexible Spending Account, additional funds may be available through that FSA. If you want the expenses submitted through your FSA after any HRA funds are paid, the Explanation of Benefits (EOB) received from UPMC Health Plan will need to be turned in to your FSA vendor for additional reimbursement.

This is to certify that I have incurred expenses in the amounts shown above that qualify for reimbursement under the provisions of my employer's Health Reimbursement Arrangement (HRA).

### EMPLOYEE AUTHORIZATION

I am attaching documentation from my service provider that shows date(s) and type(s) of service (e.g., bill(s) or receipt(s) from the doctor, hospital, lab, pharmacy, etc.). I certify that these expenses have been incurred and have not been reimbursed, or are not reimbursable, under any other health plan coverage. These expenses are being reimbursed by my employer. Therefore, they may not be claimed on my income tax filings at year's end.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_