

Mid-Atlantic Urology Associates
Health Care Reimbursement Account (HRA)
Request for Reimbursement
Plan Year: March 1, 2007 through February 29, 2008

HRA Express

HRA Express Option B (Rx)

I. Participant Identification
 (please print or type)

Participant Name: _____ **Day Time Phone:** _____
Social Security Number: ____ - ____ - ____ **Email:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____

II. HRA : APPLIES ONLY TO EMPLOYEE'S DEDUCTIBLE OF THE EMPLOYERS DESIGNATED HEALTH PLAN

❖ **Explanation of Benefits (EOB) or duplicate prescription receipt MUST be attached for reimbursement**

You must submit all covered health expenses to your insurance carrier before you submit a claim for reimbursement. When you receive an Explanation of Benefits from your insurance carrier, you may submit the EOB for reimbursement. EOB's are the only acceptable form of documentation for reimbursement. You may submit the duplicate prescription receipt for prescription expenses.

(please attach a separate sheet if more space is needed)

<u>Date(s) of Service</u>	<u>Physician or other Provider</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total HRA Amount Requested		\$ _____ HRA

IV. Statement by Participant

I certify that the expenses listed above have been incurred by me and/or my eligible dependents and qualify for reimbursement. I have not and will not be reimbursed through any other health plan coverage.

 Participant's Signature

 Date

Please email, fax or mail claim forms to:
claims@hfsbenefits.com
 Claims Department, HFS
 164 Lakefront Drive, Hunt Valley, MD 21030
 Phone: 410.771.1331 / Toll Free: 888.460.8005
 Fax: 410.771.6533 / Toll Free 888.510.4218
 ****PLEASE DO NOT MAIL ORIGINALS****

- To access your account follow these steps:
- Go to www.hfsbenefits.com
 - Click on the **Account Login** button
 - Enter User ID (Social Security Number)
 - Enter PIN Number **1804**
 - Click on "Enter the **FSA Online Inquiry Site**" button