HRA Reimbursement Claim Form

ADMINISTERED BY
Managed Care Administrators
P.O. Box 958
Draper, UT 84020

Customer Service: 800-350-5922
Scan and Email Claims to: hra@talltreehealth.com or
Fax Claims to: 801-441-1234

COMPLETE IN FULL & attach proper documentation for the service in which you are requesting reimbursement. Cash register receipts are not acceptable. Form must be signed by the Employee.

1. MEMBER IDENTIFICATION NUMBER _____ EMPLOYER _____

2. EMPLOYEE'S NAME: LAST_____ FIRST_____ M.I. _____

3. EMPLOYEE'S ADDRESS:

STREET _____

CITY _____STATE _____ ZIP _____

4. TELEPHONE NUMBER: (_____) _____EMAIL _____

Note: You may attach a copy of the Explanation of Benefits from our office as documentation for reimbursement. All payments will be made to the employee unless the box below has been marked.

☐ Please check this box if you want payment to go directly to the provider.

EMPLOYEE SIGNATURE _____ DATE _____

Reimbursement Request for the following:	**Patient Name**	**Date of Service**	**Service Description**	**Amount**	**Was amount filed for under flex spending? Yes or No**