MERITAIN HEALTH

FLEXIBLE SPENDING CLAIM FORM

Medical Reimbursement Account (MRA)

SUBMIT FORM BY:
Fax to 440-331-7157
Email to flexconveniencecard@meritain.com

EMPLOYER _____

About the Employee: *For ALL claims - this area must be filled out completely*

EMPLOYEE

Employee's Name (Please Print Full Name) Last First Middle Initial	Member's ID Number
Address	Employee's Date of Birth Month / Day / Year
City State Zip	Daytime Telephone Number

New address? Contact your employer's personnel office to make the appropriate changes

Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud, submits an application for coverage or files a claim containing a false, misleading or deceptive statement is guilty of insurance fraud. I certify that I have incurred the expenses for which reimbursement is claimed for the Flexible Spending Account and I further declare that I have not and will not claim credit for these expenses on my individual income tax return.

_____ _____

Signature (Required) Date

Items Submitted for Reimbursement *from your Medical Reimbursement Account(MRA)*

REIMBURSEMENT

*Attach **Itemized receipts** or an **explanation of benefits from your Insurance Company** for reimbursement of medical, dental, vision or prescription expenses.*

INFORMATION REQUIRED ON ITEMIZED RECEIPTS INCLUDE:

(1) Patient Name
(2) Services performed.
(3) Date services were incurred. *(IRS guidelines prohibit pre-payment for future dates of service such as orthodontics.)*

The following documentation is NOT sufficient for medical reimbursement: Check stubs, cancelled checks or cash register receipts; balance forward bills (IRS guidelines require date of service.)

On your itemized receipts, please circle all charges you would like reimbursed and list the charges here.

To keep small receipts from getting separated during processing, we suggest you tape them to a single sheet of paper. Thank You!

Date of Service	Provider	Amount
Total amount submitted for reimbursement:		

Mail completed form and receipts for reimbursement to:

Meritain Health
19800 Detroit Road • Cleveland, Ohio 44116-1816