



CLAIM FORM
Deductible Reimbursement Account

EMPLOYER _____

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

EMPLOYEE	Employee's Name (Please Print Full Name)			Employee's Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First	Middle Initial									
	Address											
	City			State	Zip							
	<i>New Address? Contact your employer's personnel office to make the appropriate changes</i>											
<p>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 deductible reimbursement account and I further declare that I have not and will not claim credit for these expenses on my individual income tax return</p>												
Signature (Required) _____										Date _____		

Items Submitted for Reimbursement from your Deductible Reimbursement Account

REIMBURSEMENT	<p>Attach an explanation of benefits from your Insurance Company for reimbursement of medical expenses that were applied to your plan deductible.</p> <p>INFORMATION REQUIRED ON EOB INCLUDE:</p> <p>(1) Patient Name. (2) Original claim EOB information showing provider, charges, dates of service, claim number, and amount to deductible.</p>			
	The following documentation is NOT sufficient for deductible reimbursement: Check stubs, cancelled checks or cash register receipts, balance forward bills			
	<p>On your itemized receipts, please circle all charges you would like reimbursed and list the charges here.</p>	Date of Service	Provider	Amount Subject to Deductible
Total amount submitted for reimbursement:				

Mail completed form and receipts for reimbursement to:

Benicomp Advantage
8310 Clinton Park Drive · Fort Wayne, Indiana 46825

If you require assistance in presenting this claim, call our Customer Service Department at 1.800.837.7400