HealthPartners®

Health Care Expense Claim Form

(Use to request a reimbursement for health care accounts)

Employee Information (PLEASE PRINT CLEARLY OR COMPLETE FORM ONLINE)

Employee Last Name | First Name | Middle

Social Security Number

Employer's Name | Employee ID # (if applicable)

E-mail Address (If you would like an email confirming this claim has been received)

For address changes, please contact your Human Resources department.

☐ **This is a recurring claim**
A recurring claim means you only need to complete this form once a year. Your Flexible Spending Account (FSA) balance will continue to adjust as eligible claims are received.

Use one line for each expense. Do not combine two or more expenses on one line.
Use additional forms if necessary.

Date(s) Service was incurred From	Through	Name of person receiving service	Name of provider of service	Description of service/supply	Amount requested for reimbursement
					$
					$
					$
					$
					$
					$
				Total reimbursement requested	$ 0

Employee Certification

I hereby certify that the above information is correct; I have not received reimbursement previously for these expenses from any other plan. I have read the printed materials I have received describing this plan; I will retain a copy of this form and all original receipts for my records; and I am responsible for compliance with all applicable administrative processes; tax regulations and documentation. I understand that it is my responsibility to return any duplicate reimbursement received from any other sources to my account; I am responsible for any and all bank, savings or checking account charges that I incur; and that healthcare expenses reimbursed through this account cannot be used as a deduction on my personal income tax return. I understand that if I have received an overpayment HPAI reserves the right to offset future reimbursements equal to the overpayment until the overpayment has been recouped.

Employee Signature | Date

To send online, log on to your myHealthPartners account at **healthpartners.com** and go to the *Welcome* tab to get started.

Fax to: 952-883-5026 or 877-624-2287

Mail to: HealthPartners Service Center, CDHP - Mail Route 21104T,
P.O. Box 297, Minneapolis, MN 55440-0297

Questions: Metro Area: 952-883-7000 Outside metro: 866-443-9352
TTY line: 952-883-5127 **www.healthpartners.com**

Please retain a copy of this form and all attachments for your records.

Submitting a claim: Health Care Expense Instructions

What's a health care expense?
It's an expense you pay for your health care. For example it could be for your prescription medicines, copays, coinsurance, deductibles and more. To find a list of eligible health care expenses, log on to *my*HealthPartners at **healthpartners.com** and look at the Eligible Expense Table.

What kinds of documentation can I send?
For eligible health care expenses send a copy of your receipt with your claim form.

You'll also need to send one of the following as your supporting documentation:

1. Explanation of Benefits (EOB) – the statement you get each time a medical or dental claim is sent to your health plan.
2. Or an itemized statement or receipt with the:
    - o Type of services provided (including prescription name)
    - o Date of the service
    - o Name of the employee or dependent who received the service
    - o Provider's name
    - o Amount remaining after insurance

For some expenses a doctor note is needed. For example, a massage or hormone replacement therapy would need a doctor's note. HealthPartners needs a completed Letter of Medical Necessity from your doctor. You can find this form on **healthpartners.com**.

These types of documentation can't be used to substantiate your claims:

- Credit card receipts
- Cancelled checks
- Billing statement showing a previous or forward balance or showing received on account

Before you send your form—check for these common mistakes:

- Did you sign and date the form?
- Did you include your documentation? For more than one expense listed on a receipt be sure you circle each one. Don't highlight the expense items.
- Did you fill out the claim form completely?
- Does the documentation match the amount you're asking for?
- Did you keep a copy of your claim form?
- Did you send a copy of your receipts not the originals? You'll want to keep the original receipts for your records.

Need more help?
If you need help with a health care expense, call HealthPartners Member Services at 952-883-7000 or 866-443-9352.