HealthPartners

Use the HealthPartners mobile app to submit your reimbursement request with the snap of a photo.

Health care expense claim form

Employee information — please print clearly or complete form online

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Employer Name _____

Email Address (if you'd like an email confirming this claim has been received) _____

For address changes, contact your Human Resources department

☐ **This is a recurring claim** – A recurring claim means you only need to complete this form once a year. Claims will be processed on the first of the month following the expense. (ex. January's expense will be processed on February 1)

☐ **HRA claims (non-medical plan family members & spend down only)** – I certify my enrollment on an employer sponsored, integrated-HRA medical plan for all HRA claim requests; and claims are for myself, spouse and/or an eligible dependent(s).

Use one line for each expense. Don't combine two or more expenses on one line. Use additional forms if necessary.

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

Enroll in direct deposit to avoid fees for checks by logging in to your myHP account. Direct deposit is free of charge and gives you convenient access to your funds immediately, without having to wait for the mail. A $5 fee per check payable by members will apply for check reimbursements.

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 health care 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 HealthPartners reserves the right to offset future reimbursements until repayment has been made.

_____ _____

Employee Signature Date

To send online, log on to your *my*HealthPartners account at **healthpartners.com**.

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 **healthpartners.com**

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

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Health care expense claim 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. An itemized statement or receipt with the:
   - Type of services provided (including prescription name)
   - Date of the service
   - Name of the employee or dependent who received the service
   - Provider's name
   - Amount remaining after insurance

For some expenses additional information is needed from your doctor. For example, a massage or hormone replacement therapy would require 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
- Canceled 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 and 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**.

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