

TPA Systems Inc.

P.O. Box 262502, Houston, Texas 77207

Health Reimbursement Arrangement Claim Form and Filing Instructions

Use this form as your fax cover page! fax to: 713-641-4721 number of pages including this form: \_\_\_\_\_

Refer to your TPAS ID card for your group # and ID #. Submit this form to our office, either by fax or by email at claims@tpasystems.net. Submit this form along with one of the following:

- 1. If your company's HRA reimburses out-of-pocket expenses tied to your employer's health insurance plan, you must submit copies of your Explanations of Benefits (EOB) from your health insurance company. EOB's are routinely provided by your insurance company after the claims process has begun. EOB's are mailed to your residence address, but are usually available more quickly if obtained online through your insurance company.
2. If your company's HRA reimburses eligible expenses without regard to whether they are tied to an EOB obtained from your employer's health plan, then you must submit copies of your receipts for your eligible expenses.

Important: be sure to specify the correct last and first name of the patient for whom expenses are being claimed on, if the patient and the employee are not the same person (as in the case of covered dependents). By far, the safest and fastest way to file claims is by fax, but almost any legible form is acceptable. However, you must include either patient EOB's from your health insurer or receipts for your eligible expenses in order to receive a reimbursement. Important - you cannot recover reimbursements without complying with either item # 1 or item # 2 above! Make sure your claim form is complete! Leave no spaces blank! If you have more than one EOB or receipt for your medical procedures, be sure to include all of them. For questions regarding the claims process, please call 713-641-4720.

The preferred method that TPA Systems Inc. uses for claims reimbursement is electronic funds transfer, meaning that your reimbursement is deposited directly into your bank account. Accordingly, please include a voided check from your bank account when filing a claim. Please rest assured that this is a very safe transaction. If you prefer to receive your reimbursement by regular mail, we will deduct \$7.00 from your otherwise eligible reimbursement to cover printing costs, postage, and handling.

Group number: \_\_\_\_\_ TPAS ID number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employee (EE) last name: \_\_\_\_\_ EE first name: \_\_\_\_\_ EE SS # last 4 digits: \_\_\_\_\_

Patient (PA) last name: \_\_\_\_\_ PA first name: \_\_\_\_\_ PA SS # last 4 digits: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please specify one of the following by initialing after the appropriate statement:

I have included a copy of a voided check, so that I may receive my reimbursement electronically (EFT). \_\_\_\_\_

I wish for my reimbursement to be delivered by the US Postal Service. I understand that my reimbursement will be reduced by \$7.00 to cover postage, printing, and handling. \_\_\_\_\_

employee signature \_\_\_\_\_ date submitted \_\_\_\_\_

FOR HOME OFFICE USE ONLY: ID #: \_\_\_\_\_ \$ processed \_\_\_\_\_ \$ paid \_\_\_\_\_
Notes \_\_\_\_\_
processor \_\_\_\_\_