



HRA CLAIM FORM

Group name:
Effective date:

Administered By:
 Point C
 PO Box 25247
 Overland Park, KS 66225

Website: www.ultrabenefits.com
 Phone: 855-408-6507
 Fax: 856-888-2855
 flex@pointhealth.com

PLEASE PRINT CLEARLY

EMPLOYEE NAME	Plan #
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EMPLOYEE ADDRESS (STREET, CITY, ST, ZIP)
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IMPORTANT NOTICE 	TO AVOID DELAYS IN PROCESSING THE ATTACHED MEDICAL CLAIMS, PLEASE ENCLOSE ITEMIZED STATEMENTS WHICH INCLUDE DATE OF SERVICE, TYPE OF SERVICE, AMOUNT CHARGED, DIAGNOSIS AND PATIENT'S NAME ALONG WITH COPY OF EXPLANATION OF BENEFITS FROM YOUR HEALTH PLAN.
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Any person who knowingly and with intent to defraud any benefit plan or insurance company, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

By signing this form, I hereby authorize Point C to make covered payments directly to the provider of services listed on the attached bill or to the member. If paid to the member, it is solely their responsibility to make any outstanding payments directly to the provider.

SIGNATURE OF EMPLOYEE	SIGNATURE OF PATIENT (if not Employee) or Parent, if minor	DATE
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PROVIDER/SUPPLIER NAME	AMOUNT	PATIENT NAME	SERVICE DATE	PAY TO PROVIDER?
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
TOTAL	\$			



PO Box 25247
Overland Park, KS 66225
Phone: 866-858-7223
Fax: 508-438-2519

To: All Employees Participating Under the HRA plan

RE: Submitting a manual claim

Already enrolled on your employer's eligible medical plan? You may submit a manual claim for your medical plan's eligible out of pocket expenses. Below will go over the processes for submission.

You may submit a manual claim for reimbursement from your Health Reimbursement Account if you have incurred an eligible medical expense. *** see your HRA plan announcement for eligible expense details and reimbursement amounts.

Please follow these steps to submit a manual claim:

- Complete and sign the HRA claim form
- Include invoices that note the provider name, provider remit address, the date of service and the amount of the expense incurred.
- Include the medical plan's coinciding explanation of benefits (EOB). This is produced by the medical plan and will determine if the expense is an eligible out of pocket expense. This should match your provider's invoice.
- Submit the claim form and supporting documents to the HRA/FSA customer service team either by mail, email, or via fax.

Mail: Point C
PO Box 25247
Overland Park, KS 66225

Email: flex@pointchealth.com

Fax: 856-888-2855

Check Reimbursement Production- check reimbursements & payments are produced on/around the 15th & 30th of each month.

EOB- you will receive an explanation of benefits from Point C for every claim processed. This will inform you of payment made, member responsibility (if any), and payment details. Please keep these for your records.

Member portal: Go to <http://portal.ultrabenefits.com> Register using your social and other requested information for viewing processed and paid claims. You may also view your Point C EOB.

As always, if you have any questions, contact your dedicated HRA/FSA customer service team to help you navigate any questions or concern you may encounter. The HRA/FSA team can be reached at 855-408-6507, or email- flex@pointchealth.com.

Thank You.