



How To Submit A Reimbursement Claim (HRA)

All sections of the claim form must be completed in order to receive reimbursement.

Claim Form Section 1: Employee Information

The following information must be included for each claim:

- Employee (Participant) Social Security Number
- Employee Name
- Employee Address
- Employee Phone Number

Claim Form Section 2: Claim Information

The following information must be included for each claim:

- Date of Service
- Patient Name
- Name of Provider
- Description of Service
- Amount of Claim

Claim Form Section 2: Claim Information

- The participant must sign and date the claim form in order for the claim to be processed.

For Medical Expenses, you must provide a copy of the insurance carrier's Explanation of Benefits (EOB) as supporting documentation for your claim form. If this is not provided, the claim cannot be processed.

Should there be any discrepancy between the information on the EOB and the information provided on the claim form for that expense, the EOB will rule. For example, if the EOB indicates that the approved amount of the service was \$300.00, but that only \$250.00 was the patient's responsibility, and the claim form asks for a \$300.00 reimbursement, the claim amount will be changed to \$250.00 by our personnel when the claim is entered because the EOB specifies that amount as the actual patient responsibility.

For Reimbursement

Submit the claim form through our website, via email, by mobile app, fax, or mail.



Toll-free: 877-685-0655 | Fax: 855-445-1696
PO Box 55068, Little Rock, AR 72215 | beneliance.com