



HOW TO SUBMIT YOUR HRA CLAIM

In order to receive reimbursement from your Health Reimbursement Arrangement account, you must submit a signed claim form and Explanation of Benefits (E.O.B.) to Human Resource Administrators, Inc. All claims will be carefully reviewed. Please follow the guidelines below:

1. Complete the *Medical Care Expense Claims* portion of the Claim Form.
2. Attach a copy of Explanation of Benefits - E.O.B.(s) to support ***each*** expense regardless of whether or not your deductible amount has been met. The E.O.B. must be from your Employers Sponsored Health Plan and provide the following information:
 - Participants Name
 - Patients Name
 - Date of Service – *Must occur during the plan year.*
 - Name of Service Provider
 - Total Charge
 - Deductible and/or Co-insurance amounts
 - YTD Deductible and Co-insurance accumulation
3. **Sign and date the Claim Form.**
4. Mail or fax Claim Form and E.O.B. to HRA, Inc.

PLEASE NOTE: HRA, Inc. will track and apply each claim to your Health Reimbursement Arrangement account according to plan specifications.

MAIL or FAX Claim Form & Explanation of Benefits to:
Human Resource Administrators, Inc.
PO Box 8, Center Valley, PA 18034
FAX: (610) 282-4216

Need More Claim Forms:
Go to www.hradministrators.com
Click on **Forms**, then **Participants**
Or call us at (610) 282-4215