

HOW TO SUBMIT YOUR DENTAL &/OR VISION CLAIM

In order to receive reimbursement from your Dental Vision Reimbursement Program, you must submit a signed claim form and an itemized statement/bill 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 an **itemized** statement from the provider to support ***each*** expense. The itemized statement must include the following information:
 - Participants Name
 - Patients Name
 - Date of Service – *Must occur during the plan year.*
 - Name of Service Provider
 - Description of Service
 - Total Charge
3. **Sign and date the Claim Form.**
4. Mail or fax Claim Form and attachments to HRA, Inc.

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