



## HOW TO SUBMIT YOUR CAT FUND CLAIM

In order to receive reimbursement from your Catastrophic Fund account, you must submit a 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 Out-of-Pocket maximum 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 Out-of-Pocket 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 Catastrophic Fund account according to plan specifications.**

MAIL or FAX Claim Form & Explanation of Benefits to:  
**Human Resource Administrators, Inc.**  
1541 Alta Drive, Suite 306, Whitehall, PA 18052  
FAX: (610) 774-9910

Need More Claim Forms:  
Go to [www.hradministrators.com](http://www.hradministrators.com)  
Click on **Forms**, then **Participants**  
Or call us at (610) 774-9900