INNOVA Benefit Services

CLAIM FORM:
Health Reimbursement Arrangement

Participant Information (*Please Print*)

Employer Name:	
Employee Name:	Social Security Number:
Street Address:	City, State, Zip:
Email Address:	Daytime Phone:

Health Care Expenses (*Attach Supporting Documentation*)

Acceptable Documentation (must include ALL of the following information)

- Please provide the Explanation of Benefits (EOB) from your insurance carrier. (This is the preferred documentation.)
- If submitting any other type of statement, the following items must be included on the statement.
- Patient's Name
- Date of Service
- Itemized Description of Services Provided
- Provider's Name
- Deductible (We need to see the actual word "Deductible"). Prescriptions, if eligible, do not require the word "Deductible".

Unacceptable Documentation

- Credit Card Receipts
- Balance Forward / Previous Balance / Payment Statement
- Canceled Checks
- Pre-Treatment Statements / Estimate of Insurance Payment

mySource Card Used	Patient's Name	Patient's Relationship to Employee	Date of Service	Description of Service	Service Provider's Name	Amount to be Reimbursed
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						
					Total	$

Claim Certification (*Signature & Date Required*)

I certify that I (and/or my qualified dependents*) have incurred eligible expenses for which reimbursement is sought under the Health Reimbursement Arrangement in which I have enrolled and that these expenses have been incurred during the plan year. Furthermore, I declare that I am requesting reimbursement for expenses that have not and will not be reimbursed under any other benefit plan or program and that I have not and will not claim these expenses as an income tax deduction.
*See instructions for definition of qualified dependents.

Signature:	Date:

Submit Your Completed Claim Form & Documentation (*Via one of the following methods*)

Fax: 877.774.1328

Upload: www.innovaben.com/Files Submission/Claims

Mail: INNOVA Benefit Services, Processing Department, 795 Pine Valley Drive, Suite 21, Pittsburgh, PA 15239

Did you know we also have an electronic "Online Claim Entry" option?

You can access the "Online Claim Entry" by logging into your online account.