



**IntegraFlex**

An Industry Leader in Consumer-Driven Healthcare Solutions

# HRA Deductible/Coinsurance Claim Instructions

**Important:** Estimates for services that have not yet been incurred **cannot** be accepted. Be sure to keep a copy of your documentation on file at all times.

## **Documentation Instructions:**

IRS acceptable forms of supporting documentation are one (1) of the following:

- Claims Itemization Summary Report from your Insurance Carrier
- Explanation of Benefits (EOB) from your Insurance Carrier

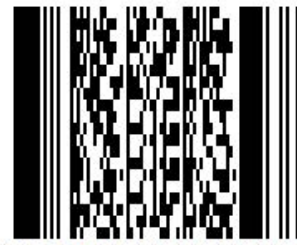
**FSA Note:** If your HRA balance becomes exhausted or you have an upfront deductible you are responsible for and you are enrolled under a Flexible Spending Account (FSA); we will automatically use your FSA monies to cover part of your claim. If you do **not** want us to automatically use your FSA monies to cover part of your claim when your HRA balance becomes exhausted or you have an upfront deductible that you are responsible for, please check the box located on the HRA Deductible/Coinsurance Claim Form indicating that you would **not** like to use your FSA monies to cover part of your claim.

## **Claim submission methods: Upload, fax or email your completed contract to IntegraFlex**

- Sign In to the IntegraFlex Employee Portal – <https://integraflex.wealthcareportal.com> to upload your Dependent Care Claim Form with your supporting documentation.
- Fax to: (855) 673-6711
- Email to: [claims@integra-flex.com](mailto:claims@integra-flex.com)



# HRA Deductible/Coinsurance Claim Form



##14T00872#####

## EMPLOYEE INFORMATION

Employer	Date
Employee Name	SSN
Phone Number	E-mail
Home Address	<input type="checkbox"/> Check if New Address

## HEALTH REIMBURSEMENT ARRANGEMENT

**CLAIM ATTACHMENTS – Failure to follow these guidelines will result in reimbursement delay or possible denial.**

### HRA REQUIREMENTS:

IRS Acceptable forms of supporting documentation are one of the following forms:

- \*Claims Itemization Summary Report from your Insurance Carrier
- \*A copy of the Explanation of Benefits (EOB) from your Insurance Carrier.
  - Estimates for services that have not yet been incurred **CANNOT** be accepted.

**-NOTE:** Be sure to keep a copy of your documentation on file at all times.

Service Date	Name of Provider (e.g. Physician, Dentist, Hospital, Pharmacy, Insurance Carrier, etc)	Type of Service (e.g. Copay, Rx, Ortho, Insurance Premium, etc.)	Patient Name	Expense Amount

**FSA Note:** If your HRA balance becomes exhausted or you have an upfront deductible you are responsible for and you are enrolled under a Flexible Spending Account (FSA); we will automatically use your FSA monies to cover part of your claim. If you do **not** want us to automatically use your FSA monies to cover part of your claim when your HRA balance becomes exhausted or you have an upfront deductible that you are responsible for, please check the box to the left.

I certify that I have actually incurred these eligible expenses. I understand that expense incurred means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee's Signature	Date
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