

Filing An HRA Claim Is As Easy As 1-2-3!

1. Present The Overlying Plan's ID Card

When visiting the hospital, physician or any medical care provider, present the overlying plan's ID card just as in the past. The ID card instructs the medical provider on where to file claims, the name of the network and other information about your benefits. Claims must be filed first with the overlying carrier. ID cards may vary but most cards look similar to the sample displayed here.

Please file claims to the address indicated below. There is a pre-certification requirement for hospital admissions, skilled nursing stays, hospice services, and organ transplants. Failure to follow the pre-certification requirements will result in a lower payment level.

Claims file address
XYZ Insurer/Administrator
1234 South North Street
Anywhere, OH 54321

Pre-Certification Phone Number
1-800-999-9999

Customer Service
1-800-888-8888

XYZ Insurance Company Benefit Plan Identification Card

NAME: Joseph T. Employee DEPENDENTS
ID#: 123-45-6789 June 01 Spouse
GROUP NAME: Any Employer, Inc. Eric 01 Child
GROUP NUMBER: AE09012003
PLAN: GC05
OV COPAY: \$20

Explanation of Benefits XYZ Insurance/Company Benefit Plan						
Name of Patient: Jane Spouse		Date of Birth: 05/05/60		Relation: Spouse		
Name of Employee: Joseph T. Employee		ID #: 123-45-6789		Group: Any Employer, Inc.		
Date of Service	Procedure	Charge	Plan Discount	Deductible Applied	Patient Coinsurance	Amount Paid
082305	90162	\$89.00	\$40.00	\$49.00	\$0	\$0
090405	89321	\$655.50	\$250.00	\$51.00	\$35.45	\$319.05
091005	90345	\$75.00	\$25.00	\$0	\$5.00	\$45.00
	Totals	\$819.50	\$315.00	\$100.00	\$40.45	\$364.05
	Patient Responsibility	\$140.45				

2. Read The Explanation of Benefits

After the overlying plan completes the claim, patient's are sent an Explanation of Benefits (EOB). The EOB will show how much was charged, the discounted amount from the charge, the amount applied to the deductible or coinsurance, the amount paid and the patient responsibility. The patient responsibility is the amount that can be filed for consideration under the Health Reimbursement Arrangement (HRA) Plan. Patient's should review their EOB care fully to determine if there is patient responsibility or they may not benefit from the HRA Plan.

3. Request Payment Using The Plan's Claim Form

To receive reimbursement from the HRA plan, fill out the plan's claim form, attach a copy of the EOB and send both to Avalon Benefit Services. Twice every month we process HRA claims and produce checks to pay the employee for the amount due.

The claims can be **faxed to 1-614-793-9733** or mailed to:

Avalon Benefit Services
P.O. Box 1803
Dublin, OH 43017
Phone: 614-764-4516

Health Reimbursement Claim Form	
Employer: Any Employer, Inc.	
Group Number: AE09012003	
Employee Name _____	ID # _____
Patient Name _____	Relation _____
Address _____	
Claims For Which I Request Reimbursement	
1. Charge _____	Service Date _____ Provider _____
Patient Responsibility _____	
2. Charge _____	Service Date _____ Provider _____
Patient Responsibility _____	
3. Charge _____	Service Date _____ Provider _____
Patient Responsibility _____	
4. Charge _____	Service Date _____ Provider _____
Patient Responsibility _____	
I certify that the above claims are not payable by any other source and that they are eligible benefits under the Health Reimbursement Arrangement.	
Signed: _____	Date: _____