

MEDICAL EXPENSE REIMBURSEMENT ACCOUNT CLAIM FORM



Use this form for eligible expenses
incurred by you or your eligible dependents.

☐ ☒ if this includes documentation for previously denied claim

☐ ☒ if new email address ☐ ☒ if new address

Number of pages _____

Section A – Account Holder Information (Please Print)

ACCOUNT HOLDER'S NAME LAST	FIRST	MIDDLE	SPENDING ACCOUNT ID# S A
STREET ADDRESS			SOCIAL SECURITY # (if SA# not known)
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
ACCOUNT HOLDER EMAIL ADDRESS		EMPLOYER NAME	

Section B – Claim Detail (Please Print)

All fields in this section must be completed. If information is missing, the processing of your claim may be delayed or denied. Supporting documentation must be attached. See the reverse side of this form for more detailed Claim Filing directions.

Date(s) of Service	Name of Person Receiving Service	Name of Provider of Service	Type of Service/ Supply Provided	Reimbursement Requested
- - to - -				\$
- - to - -				\$
- - to - -				\$
- - to - -				\$
- - to - -				\$
- - to - -				\$
			TOTAL	\$

Certification and Authorization

I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one healthcare account, reimbursement will be made according to the payment order determined by those plans. and as stated on the website. Use of this service indicates my acceptance of the User Agreement at www.Hellofurther.com

Questions? Call Member Services at 1-(888) 215-0025.

Send via secured email only:
HorizonMyWay.Documents@Hellofurther.com

Fax to:
866-231-0214

Mail to:
PO Box 14836
Lexington, KY 40511

How to File a Claim

To receive reimbursement for eligible medical, dental, drug, behavioral health and vision expenses that are not covered by any other plan follow the steps below. If the expense is reimbursable by health insurance, you must submit the expense to the insurance company first.

1. Sign into your account at HorizonBlue.com, select submit a claim, and complete the required fields.
2. Provide supporting documentation of your eligible expenses for each claim line item. This documentation is required by the IRS and can be an Explanation of Benefits (EOB), detailed receipt or provider statement. Cancelled checks do not qualify as IRS acceptable documentation. Supporting documentation must include:
 - Date of service or purchase
 - Name of person receiving service
 - Name of provider of service
 - Type of service or supply provided
 - Amount charged for each service/supply
 - Explanation of benefits from all insurance carriers, if applicable
 - If your Health Reimbursement Arrangement (HRA) rate reimburses you at less than 100%, do not calculate the dollar amount. The reimbursement percentage will automatically be calculated and deducted from your account based on the dollar amount you enter in the reimbursement requested field.
3. If you can't submit online, fax or mail your claim form with supporting documentation to Horizon.
 - To fax your claim form and supporting documentation:
 - a) complete and sign the claim form using a dark pen.
 - b) make sure your supporting documentation is on white paper
 - c) fax to: 866-231-0214
 - To mail your claim form and supporting documentation
 - a) complete and sign the claim form using a dark pen.
 - b) include copies of documentation. Do not mail originals.
 - c) mail to: Horizon, PO Box 14836, Lexington, KY 40511

Note: Do not highlight items on your claim form or supporting documentation, as it interferes with claims processing. Instead, circle with a dark pen as needed.

4. **Keep a copy** of the claim form and supporting documentation for your records or upload to our **document storage** found at HorizonBlue.com.
5. **To receive your reimbursement faster**, sign up for direct deposit by logging into your account at HorizonBlue.com.

Appeal Information

The Explanation of Processing Report explains how your claim was processed based upon the information submitted to us. You or your designated representative may appeal a denial, partial denial, or reduction of your claim by following our appeal procedures. You may contact customer service at 888-215-0025 for an explanation of your appeal rights. If you disagree with our decision on your claim, you have the right to submit a written request for an appeal review to Horizon, PO Box 14836, Lexington, KY 40511. We can send you a form to file your appeal or you can obtain a copy of the appeal form at HorizonBlue.com. You have until the later of your plan's run out end date or 180 days from the date of this notice to file an appeal. If you have terminated employment during the year or if you are unsure of your plan's run out end date please contact your group representative or contact our customer service department. You may also submit any documents, records, or other information that relates to your claim for benefits. Upon receipt of your request, we will provide a full and fair review of your appeal and a written notice of our decision either by letter or an explanation on the Explanation of Processing Report within 30 days.

If you are a member of a group plan that is subject to the Employee Retirement Income Security Act (ERISA), once you have exhausted our appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.