

MEDICAL REIMBURSEMENT ACCOUNT (MRA): REQUEST FOR REIMBURSEMENT



To request reimbursement of a medical expense, you must complete this form and attach an Explanation of Benefits (EOB) for medical plan charges that apply to the deductible and prescription drug charges that apply to the deductible. The EOB will clearly indicate: (a) that the medical/RX expense has been incurred; (b) the amount of the expense; and (c) that the medical/RX expense has not been reimbursed or is not reimbursable under any other health plan coverage. If you and/or your dependents are covered by more than one health plan, you must submit an EOB from both plans along with this completed form. Cancelled checks are not acceptable in place of an EOB.

COMPANY NAME:			
ELIGIBLE EXPENSES:	<input type="checkbox"/> Medical Plan charges applied to the Deductible <input type="checkbox"/> Prescription drug charges applied to the Deductible <input type="checkbox"/> Medical Plan Co-payments <input type="checkbox"/> Prescription drug co-payments (Plan specific) <input type="checkbox"/> Medical Plan out-of-pocket expenses <input type="checkbox"/> Other: _____		
	ANNUAL REIMBURSEMENT AMOUNT:	<input type="checkbox"/> \$_____ Individual	<input type="checkbox"/> \$_____ Family
FILING PERIOD DEADLINE:	_____ days after the date of service		

Important Note: Complete one Request for Medical Expense Reimbursement form **per family member.**

Employee's Name:		Employee SSN:	
Patient's Name:		Patient Date of Birth (mm/dd/yyyy):	
Patient Relationship to Employee:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Phone Number:	
Street Address:			
City:		State:	Zip:
Other Health Coverage:			

TOTAL REIMBURSEMENT REQUESTED: \$

SIGNATURE

DATE

Please send your claims to: Benefit Coordinators Corporation (BCC)

Mail: Two Robinson Plaza, Suite 200 Pittsburgh, PA 15205 | Fax: 412-276-7367 | Download: <https://secure.benXcel.com>

Visit our homepage at www.benXcel.com for easy-to-access forms!

BCC's Customer Service Center: 1-800-685-6100