

HERO Account Claim Form

Health Expense Reimbursement Option



ACRISURE® PARTNER

Total Pages: _____

Submit Claims By Email, Mail or Fax:

Email: claims@44n.com or

Mail: 44North TPA Claims, 1406 N Mitchell Street, Cadillac, MI 49601

Fax: (855) 306-1098 Attn: TPA Claims Dept.

Company Name Waukesha County		
Employee Name (Please Print or Type)	Social Security Number XXX-XX-	Daytime Phone
Address (Only Complete if New)		

Reimburse from Attached EOBs and /or Rx Receipts (See SPD for Eligible Expenses)

To receive reimbursement for eligible expenses incurred during the plan year, mail, email or fax this completed and **signed** claim form along with IRS-required documentation of the expense from an independent third party, (Insurance EOB for deductible and coinsurance, pharmacy receipt for Rx), which **must include all** of the following:

- **Date of service / Purchase**
- **Name of person receiving service**
- **Name of provider of service**
- **Type of service / supply provided**
- **Amount charged for each service / supply or the amount not reimbursed by insurance** (cannot be a receipt only showing a payment made)

- CREDIT CARD RECEIPTS, CANCELLED CHECKS, CHECK COPIES AND CASH REGISTER RECEIPTS ARE NOT ACCEPTABLE
 - Claims must be submitted within 90 days following the end of the plan year
 - Please remember to pay your provider
 - Claims submitted for members contributing to a Health Savings Account will be reimbursed after the IRS minimum deductible requirement has been met.

I hereby certify that all the medical expenses attached to this reimbursement form have been incurred by me, my spouse and/or my eligible dependents during the plan year and qualify for reimbursement. I understand that medical expenses are deemed to have been "incurred" when the services giving rise to the claim are rendered, regardless of when I am formally billed, charged or pay for the service. I certify the expenses are medical expenses as defined in Section 213(d) of the Internal Revenue Code of 1986, and are not for cosmetics, cosmetic surgery, or premiums on accident or health insurance or coverage for long-term care services. I certify that these expenses have not been or will not be reimbursed under this or any other benefit plan. I also understand that any reimbursed expenses cannot be used to claim a deduction or credit on my personal income tax return. This is not a guarantee that the payment is tax-free if the requested items do not meet IRS rules. **For Customer Service, please call (855) 306-1099.**

Employee Signature X _____ **Date:** _____

If you are receiving reimbursement, please remember to pay your provider.