HRA Reimbursement Claim Form

ADMINISTERED BY
Tall Tree Administrators
P.O. Box 1807
Draper, UT 84020

Customer Service: 877-453-4201
Scan and Email Claims to: flex_hra@talltreehealth.com or
Fax Claims to: 801-274-8900

COMPLETE IN FULL & attach proper documentation for the service in which you are requesting reimbursement. Cash register receipts are not acceptable. Form must be signed by the Employee.

1. MEMBER IDENTIFICATION NUMBER _____ EMPLOYER _____

2. EMPLOYEE'S NAME: LAST_____ FIRST_____ M.I. _____

3. EMPLOYEE'S ADDRESS:

STREET _____

CITY _____STATE _____ ZIP _____

4. TELEPHONE NUMBER: (_____) _____EMAIL _____

Note: You may attach a copy of the Explanation of Benefits from our office as documentation for reimbursement. All payments will be made to the employee unless the box below has been marked.

☐ Please check this box if you want payment to go directly to the provider.

EMPLOYEE SIGNATURE _____ DATE _____

Reimbursement Request for the following:	Patient Name	Date of Service	Service Description	Amount	Was amount filed for under flex spending? Yes or No