Town of Grafton

Health Reimbursement Arrangement (HRA) Claim Form

EMPLOYEE NAME:	CHECK PLAN DESIGN: HMO ____ FOCUS ____ PPO ____
EMPLOYEE ADDRESS (STREET, CITY, STATE, ZIP):	
IMPORTANT NOTICE →	TO AVOID DELAYS IN PROCESSING YOUR MEDICAL CLAIMS, PLEASE ENCLOSE ITEMIZED STATEMENTS WHICH INCLUDE (1) DATE OF SERVICE, (2) TYPE OF SERVICE, (3) AMOUNT CHARGED, AND (4) PATIENT'S NAME. PROOF OF PAYMENT (IF APPLICABLE) AND MEDICAL CLAIMS BILL/INVOICE, AS WELL AS HPHC EOB/ ACTIVITY SUMMARY MUST BE ATTACHED TO RECEIVE PAYMENT.
Any person knowingly and with intent to defraud any benefit plan or insurance company, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.	

Payment Options: Select one of the options below.

O Pay Medical Provider Directly

O Reimburse Employee (proof of payment must be attached)

Reimbursement Amount $ _____

By signing this form, I hereby authorize the Town of Grafton to either (1) make covered payments directly to the provider of services listed on the attached medical claims bill/invoice or (2) reimburse me, the employee for the payment already remitted for the attached medical claims bill/invoice.	
SIGNATURE OF EMPLOYEE	DATE

The HRA reimbursement is limited to:

1. Outpatient Surgery Copayments (up to $250 per service after deductible)
2. Inpatient Hospital Admission Copayments (up to $500 per admission after deductible)
3. High Tech Imaging Copayments (up to $100 per service after deductible)
4. Deductible: The Town shall reimburse participants with a family plan up to $1000 of the deductible for amounts in excess of $1000. The Town shall reimburse participants with an individual plan up to $500 of the deductible for amounts in excess of $500. The Town will issue these payments on or before December 1st of the following fiscal year based upon receipt of a member's HPHC Activity Summary.
5. Request for payment must be made within the health insurance plan/deductible year or within three months thereafter.

Please submit claims forms to the Human Resources Department:
School Employees – Attention HR Director
Municipal Employees – Attention HR Analyst