

**THE PUBLIC SCHOOLS OF NORTHBOROUGH AND  
SOUTHBOROUGH  
REIMBURSEMENT ARRANGEMENT (HRA)  
PLAN YEAR July 1, 2023 through June 30, 2024**

The Northborough-Southborough Regional School District provides a Health Reimbursement Arrangement (HRA) to fully reimburse all Benefit Eligible Employee plan members and Non-Medicare Retiree plan members for their Inpatient, Outpatient and Hi-Tech Imaging co-payments.

Effective July 1, 2017, the following co-pays will be reimbursed:

Co-Payment (MRI, PET and CAT Scans)	\$250.00
Outpatient Co-Payment	\$500.00
Inpatient Co-Payment	\$1,000.00

\*The Co-Payment for the first Hi-Tech Imaging procedure is the responsibility of the employee. Subsequent Hi-Tech Imaging will be fully reimbursed.

**Claim Form and Process:**

In order to receive a reimbursement, please submit the following to Human Resources:

1. Completed Claim Form
2. Copies of the medical billing invoice or statement from the provider that indicates:
  - Date of Service
  - Patient's Name
  - Inpatient and/or Outpatient Copayment amount
3. Copies of Proof of payment - ***credit card statement, bank statement, canceled check or if you pay cash a receipt of payment. Please note, Flexible Spending Account (FSA) funds are not eligible for reimbursement under this plan.***

**Run-out Deadline:** All claims incurred during the Plan Year of July 1, 2023 through June 30, 2024 must be submitted for reimbursement prior to July 10, 2024.

**No reimbursement for the Plan Year will be paid after the Run-out Deadline.**

Return all required documents to:

**The Public Schools of Northborough and Southborough**

**53 Parkerville Road , Southborough, MA 01772**

**ATTN: Elaine Chisholm**

# HRA Claim Form

Employee Name:

Employee Address:

Employer (circle one) : Regional School District or Town of Northborough

Plan (circle one):            HPHC HMO            HPHC FOCUS            HMO HPHC PPO

Patient Name:

Patient DOB:

Relationship to Subscriber (circle one):    Self            Spouse            Dependent Child

Provider of Service:

Date of Service:

Co-pay for (circle one):    Inpatient - \$1000            Outpatient - \$500            Hi-Tech Imaging - \$250\*

**IMPORTANT:** In order to receive a reimbursement, please submit this completed claim form along with copies of payment receipts (ex: credit card, bank statement or canceled check) and the medical billing invoice or statement from the provider that indicates the following:

- Date of Service
- Patient's Name
- Inpatient and/or Outpatient Copayment amount

I certify that the above information is true and that the amount requested has not been reimbursed by any other plan or entity. I authorize the Northborough-Southborough Regional School District to reimburse the employee named above for the amount of the In-Patient or Out-Patient copay for services listed on the attached bill.

**\*\*Run-out Deadline: All claims incurred during the Plan Year of July 1, 2023 through June 30, 2024 must be submitted for reimbursement prior to July 10, 2024. Even if the invoice is unavailable at that time, the claim form must be submitted for consideration. Payment will not be issued until we have the claim form, invoice, and proof of payment (proof of payment must show that funds did not come from a Flexible Spending Account).**

Signature of Employee Signature of Patient or Parent if minor:

Date:

\*Co-pay for first Hi-Tech imaging is paid by the employee. To receive reimbursement for subsequent procedures, documentation of payment for the initial procedure must be provided.

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## FOR CENTRAL OFFICE USE ONLY

Date Received: Date Verified:

Authorized by: