HRA

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.
DO NOT USE STAPLES

FORM 77

ACCOUNT HOLDER GENERAL INFORMATION

Group: New Kent County Public Schools

Plan ID: 1002199577

Partic. ID#

If this is a new address check here:

Last First

Name:

Address:

City: State: Zip:

Phone: E-Mail:

Total Attached Pages:

1) INCUR ELIGIBLE EXPENSE
For a list of eligible expenses, please visit www.flores247.com. You must incur the expense during your enrollment period. Please review your plan documents for any exclusions.

2) INCLUDE DOCUMENTATION:
Any itemized bill or explanation of benefits (EOB) form showing:
- Date of Service
- Description of Service
- Out-of-Pocket Cost
- Provider Name
- Patient Name

3) SUBMIT CLAIM BY:
UPLOAD: www.flores247.com
FAX: 704-335-0818 or 800-726-9982
MAIL: Claims Processing PO Box 31397, Charlotte, NC 28231
SMARTPHONE APP: eReceipt

If we have your e-mail address on file, you will be sent an e-mail notification when we receive your claim and when your reimbursement is sent to you.

REIMBURSEMENT AUTHORIZATION

I certify that I have not previously requested reimbursement for the above expenses under this or any other plan and I am not able to receive additional insurance benefits or reimbursements from any other source for these expenses. I certify that these expenses are eligible for reimbursement in accordance with the SPD provided by my employer. I further certify that these expenses are for eligible dependents.

Participant Signature (Void if not signed)