

FILING A CLAIM


Please read these important reminders for quick and efficient reimbursement:

- Please make sure to fill out your form completely (employer, ID#, your name). Documentation must include services dates, service description and charges for services received.
- Combine all like reimbursement requests. For example, If you are submitting several prescription receipts for reimbursement, enter the range of dates over which the purchases were made and the total of all the receipts on the prescription line:

Total Prescription Reimbursement Requested From: 07/01/06 To: 07/31/06 \$243.58

- Service dates must be within the plan year to be eligible expenses. If your employment terminates during the plan year, service dates must be within the plan year **and** while you were an active participant in the plan (ie: eligible and making contributions).
- If your claim is covered by insurance, an explanation of benefits must accompany the claim form, unless your bill or receipt is clearly identified as a co-pay amount. Bills from providers that estimate insurance coverage will not be reimbursed.
- If the reimbursement requested is not covered by insurance, a bill or receipt showing date, service and charges is adequate documentation of the expense, as long as there is no reference to insurance coverage on the bill or receipt.
- If have questions about filing claims, please call Allegiance at the number listed on the front of this form.

FLEX CLAIMS CHECKLIST

 ALLEGIANCE <small>BENEFIT PLAN MANAGEMENT, INC.</small>	<u>Medical Claim Form</u>	<u>Co-Pay Receipt if even dollar amount Ex. \$10, \$15</u>	<u>Itemized Cash Register Receipt</u>	<u>Itemized Statement</u>	<u>Explanation Of Benefits If not even \$ amount</u>
<i>Insured Expenses</i>					
<u>Vision</u>	X	X			X
<u>Dental</u>	X	X			X
<u>Medical</u>	X	X			X
<u>Prescriptions</u>	X	X			X
<i>Uninsured Expenses</i>					
<u>Vision</u>	X			X	
<u>Dental</u>	X			X	
<u>Medical</u>	X			X	
<u>Prescriptions</u>	X		X	X	
<u>Over the Counter (OTC) Drugs</u>	X		X		