



Health Reimbursement Arrangement (HRA)

How to Submit a Claim



All sections of the claim form must be completed in order to receive reimbursement.

Section 1: Employee Information

Employee (Participant) Social Security Number

Employee Name

Employee Address

Employee Phone Number

Section 2: Claim Information

The following information must be included for each claim:

Date of Service

Patient Name

Name of Provider

Description of Service

Amount of Claim

Section 3: Signature

The participant must sign and date the claim form in order for the claim to be processed.

For Medical Expenses, you must provide a copy of the insurance carrier's Explanation of Benefits (EOB) as supporting documentation for your claim form. If this is not provided, the claim cannot be processed.

Should there be a discrepancy between the information on the EOB and the information provided on the claim form for that expense, the EOB will rule. (For example, if the EOB indicates that the approved amount for the service was \$300 but that only \$250 was the patient's responsibility, and the claim form asks for a \$300 reimbursement, the claim amount will be changed to \$250 by DPAS personnel when the claim is entered because the EOB specifies that amount as the actual patient responsibility.)

For reimbursement:

Fax signed claim form and copy of EOB to:

Little Rock: (501) 687-3282

Toll Free: 1-888-472-6777

Or mail signed claim form and copy of EOB to:

DataPath Administrative Services, Inc., 1601 Westpark Drive Suite 9, Little Rock, AR 72204