

Expense Recovery Form Instructions

The form should be completed and signed by the Employee who established the Health Reimbursement Arrangement with the Employer listed in the first section on page 1.

- Enter your name, Employee ID Number (last 4 digits of your Social Security Number), and your email address.
- For each expense the following information is required:
 - List each date of service on a separate line (no date ranges please).
 - List the patient(s) name(s) and relationship(s) to you (the employee). Reimbursement requests for multiple family members may be submitted on the same form. Use separate lines for each patient.
 - List the name(s) of the provider(s). Indicate the grand total requested for reimbursement.
- If you need additional space for extra dates of services, please use an additional form or you may use a spreadsheet. If using a spreadsheet, all required information must be included and that spreadsheet must accompany a signed form. Spreadsheets without an accompanying form will not be accepted.
- Read the certifications carefully to make sure you understand your responsibilities and accountability.
- **The Employee's signature is required**, as indicated by the bold arrow. Please date the form as well in the space provided.
- **Substantiating documentation must accompany the form** (e.g., explanation of benefits (EOBs), itemized receipts, etc.). Itemized receipts need to include:
 - Patient name (name of person who incurred the service or expense)
 - Name and address of the provider or merchant
 - Date of service for the amount charged
 - Description of service
 - Amount due for the service

Receipts for over-the-counter (OTC) items do not need to include the person's name, but the receipt must display the name of the item (e.g., bandages).

- Submit the form and substantiation to Benetech via:
 - **US mail** -- to the address at the top of the page; or,
 - **Fax** – to 518.283.2384; or,
 - **Email** – to flexinfo@benetechadvantage.com

