

HEALTHY DOLLARS

MANUAL CLAIM FORM

To expedite reimbursement processing, we strongly encourage you to submit claims and supporting documentation through your secure online portal whenever possible. If submitting a paper claim, please complete and sign this form and include all required documentation, such as your insurance Explanation of Benefits (EOB) or an itemized statement showing the date of service, description of charges, and how the claim was processed by your insurance plan.

[Check here if your address has changed.](#)

PARTICIPANT NAME: _____ EMPLOYER NAME: _____

STREET ADDRESS _____ CITY, STATE & ZIP _____

E-MAIL ADDRESS: _____ PHONE NUMBER: _____

Date of Service	Provider Name	Patient Name	Reimbursement Requested Amount
Total Reimbursement Requested			\$ _____

Direct deposit information is required for reimbursement processing. Please log in to your secure member portal and review your profile to confirm your banking information is current and accurate. Fees will apply for reimbursements returned due to incorrect or inactive bank account information. Direct deposit information can only be added or updated through your member portal or mobile app.

I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy, my spouse's or dependent's plan, Medicaid or Medicare. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

Please send completed forms and documentation to: Claims@healthydollarsinc.com,

For Questions call: 802-876-5072