


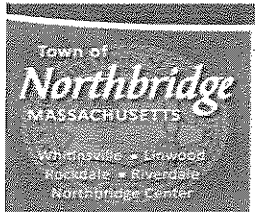
Town of Northbridge, Office of the Treasurer/Collector
Town Hall – 7 Main Street
Whitinsville, MA 01588
(508) 234-5432

HRA CLAIM FORM

PLEASE PRINT CLEARLY

EMPLOYEE NAME:		CHECK PLAN DESIGN: Fallon SEL ___ DIR ___ HPHC HMO ___ PPO ___ Individual Plan _____ Family Plan _____
EMPLOYEE ADDRESS (STREET, CITY, STATE, ZIP):		
IMPORTANT NOTICE 	TO AVOID DELAYS IN PROCESSING YOUR MEDICAL CLAIMS, PLEASE ENCLOSE ITEMIZED STATEMENTS WHICH INCLUDE DATE OF SERVICE, TYPE OF SERVICE, AMOUNT CHARGED, AND PATIENT'S NAME AND A COPY OF HEALTH BENEFITS STATEMENT (EXPLANATION OF BENEFITS) FROM FALLON OR HARVARD PILGRIM HEALTH PLAN THAT SHOWS YOUR DEDUCTIBLE AMOUNTS MET.	
Any person knowingly and with intent to defraud any benefit plan or insurance company, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.		
By signing this form, I hereby authorize the Town of Northbridge to make covered payments directly to the employee/member. It is solely the responsibility of the employee/member to make any outstanding payment directly to the provider.		
SIGNATURE OF EMPLOYEE		DATE

PROVIDER/SUPPLIER NAME	SERVICE DATE	PATIENT NAME/RELATIONSHIP	AMOUNT
			\$
			\$
			\$
			\$
TOTAL			\$



Administered By Town of Northbridge,
Office of the Treasurer/Collector
Town Hall – 7 Main Street
Whitinsville, MA 01588
(508) 234-5432

INSTRUCTIONS FOR SUBMISSION OF HRA CLAIMS

- The purpose of establishing the HRA reimbursement program is to assist employees with the satisfaction of the **new** Deductibles established effective July 1, 2017 plus the current covered Co-Pays. The following instructions detail the information you need to know about both the submission rules regarding the HRA Plan.
- The Plan Year (July 1, 2017 through June 30, 2018) Deductible is \$550 (FCHP) or \$600 (HPHC) per Individual and \$1,100 (FCHP) or \$1,200 (HPHC) for the Family. No one person will ever have to satisfy more than \$550 (FCHP) or \$600 (HPHC). The Family Deductible maximum can be satisfied by multiple family members.
- Some items are **NOT** Deductible items and therefore **NOT** reimbursable by the HRA. Copays – Office Visits (PCP or Specialist), Emergency Room, or prescription drugs.
- The HRA reimbursement is limited to:

Reimbursable Deductible Expenses:

\$250 if you are on an Individual Plan OR \$500 if you are on an Family Plan

The HRA will also reimburse/pay any member (per service):

In-patient admission co-pay up to \$1000.00

Out-patient surgery co-pay up to \$500.00

Hi-Tech imaging co-pay up to \$100.00

- ALL HRA Claims **must** be accompanied by the following:
 1. A ***Summary of Claim Activity*** or ***Explanation of Benefits*** (mailed to you after you or your family members start to incur Deductible expenses) that illustrates which expenses were credited to the Deductible; and
 2. Corresponding bills for the deductible expenses showing the date(s) of service. **“Past-Due” bills without detail are not acceptable.**

NOTE: If you do not have the Summary of Claim Activity you can also obtain a print-out of your deductible expenses by signing onto the carrier websites: www.fallonhealth.org/members and establish a MyFallon account or www.hphc.org and register for a Member account.

- Claims will not be considered if they have already been submitted to and/or paid by the TASC FSA plan (***per IRS Guidelines***).