

Health Savings Account Manual Claim Form Submission Instructions

We offer four (4) easy ways for you to access your Health Savings Account (HSA). **For fastest results, we encourage you to submit your claim online, or through your funding account mobile app, or by using your healthcare payment card (if applicable).**

Online	Optum Financial Mobile App
- Log in to your online account at Premera.com. Scroll to the "Manage your account" box and click on "View your Personal Funding Account". - Select "Reimburse Myself," and follow the steps to enter the claim and upload your documentation.	- Download the Optum Financial mobile app to your Android, iOS, or Windows device. - First time users create a username and password. - Select "Payments" at the bottom of the main screen then click "Reimburse myself". "+ Add documents" or "Skip and add documents later". Enter the requested information about your claim and continue through the screens to confirm and submit the claim.
Payment Card	Paper Submission
- If your account included a payment card, you can use it to directly pay for services at eligible healthcare locations such as doctor's offices, hospitals, and pharmacies. - Always save your receipts; the IRS may require them at tax time.	- Fax this form to: 888-260-2356 - Or mail to: Claims Department P.O. Box 1000 Allen Park, MI 48101

REMEMBER TO SAVE YOUR ITEMIZED RECEIPTS – *Your itemized receipt or documentation must contain the patient name (except for retail store purchases), provider name, date of service, service description, and dollar amount. Do not highlight any portion of the receipt.*

Health Savings Account Manual Claim Form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted. Do not use this form if you already submitted this claim online, or if the expenses were already paid with your healthcare payment card. Complete all entries on this submission form (please print or type), sign and date and either fax it to 888-260-2356 or mail it to Claims Department, P.O. Box 1000, Allen Park, MI 48101.

Account Holder Personal Information	
Name of Employer	Employee Name (last name, first name)
Last four (4) digits of Social Security Number	Date of Birth (mm/dd/yyyy)

Claim Details					
Date of Service	Patient's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
Total					\$

Authorization and Certification
<i>Read carefully: This claim will not be processed without your signature.</i> I certify that I am the proper party to receive payments from this account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me Premera Blue Cross Blue Shield of Alaska or the HSA trustee and that all decisions regarding this distribution are my own. I expressly assume responsibility for any adverse consequences which may arise from this HSA distribution and agree that Premera Blue Cross and/or the HSA trustee shall not be held responsible. I understand that any distributions made for purposes other than for qualified medical expenses may have tax consequences. I certify that these expenses have been incurred by me or by my eligible spouse or dependent. X _____ Signature Date

For funding account questions, call 800-941-6121. For health plan questions, call 800-722-1471.

Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่นๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.