UPMC Consumer *Advantage*®

Reimbursement Request Form

Instructions

Step 1: Participant Information

- Complete all of the fields in this section.

Step 2: Reimbursement information

- Check your receipts to ensure they are properly itemized and/or signed (if applicable).

Step 3: Claim information

Complete the table by following these instructions:

- Enter the applicable three- or four-letter code (located in the table on the next page) to identify your plan type.
- Mark "Y" if you used the online claim submission tool to file your claim. Otherwise, mark "N."
- Provide the date or range of dates on which you incurred the expense(s).
- Provide the name of the facility where you incurred the expense(s).
- Provide your name or the name of the tax dependent who received the product or service.
- Provide the total amount you are requesting for the expense(s).
- Tally all of your claims and write the total in the Total Reimbursement Requested box.

Step 4: Dependent care (if applicable)

Please note: If the dependent care provider is unable to give you a receipt for your tax dependent's care, the provider will need to sign this form.

- Provide the applicable dependent's name and date of birth.
- Check the appropriate box to indicate whether you paid for adult care or child care.
- Obtain the dependent care provider's signature (if applicable).

Step 5: Participant certification

- Read the participant certification, then sign and date the form.

Submit the completed form and supporting documentation to:

UPMC Benefit Management Services Claims
PO Box 2784
Fargo, ND 58108-2784

Fax: 1-844-361-4700
Email: consumeradvantage@upmc.edu

Documentation requirements

According to the IRS, third-party receipts for medical expenses must provide the following information:

- Date service was received or purchase was made
- Description of service or item purchased
- Dollar amount (after insurance, if applicable)

According to the IRS, third-party receipts for dependent care expenses must provide the following information:

- Dates of service
- Dollar amount
- Name of day care provider

Please note: If a receipt is unavailable, a signature and certification from the provider will be sufficient.

Unacceptable forms of documentation include the following:

- Provider statements that indicate only the amount paid, balance bought forward, or previous balance
- Credit card receipts that only reflect a payment
- Bills for prepaid dependent care/medical expenses where services have not yet occurred

When submitting a receipt for a copayment amount, be sure the copayment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If the copayment is not clearly identified, have the provider write "copayment" on the receipt and sign it.

(Continued on next page)

This form is for reimbursement of eligible out-of-pocket expenses. Please note that reimbursement requests for expenses paid by debit card must be accompanied by a receipt. This form alone cannot be used to substantiate debit card transactions.

Step 1: Participant information

*=Required Fields

*Employer Name (Do not abbreviate)

*Member ID

*Participant Name (First, MI, Last)

Note: Reimbursements will be sent to the address on file with UPMC Benefit Management Services. If an address change or update is needed, please contact your Human Resources administrator.

Step 2: Reimbursement information

When submitting a receipt for a copayment, be sure the copayment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If the copayment is not clearly identified, have the provider write "copayment" on the receipt and sign it.

Step 3: Claim information

*Plan Type[1]	*Did You File Online? (Y or N)	*Date(s) Expense(s) Incurred	*Merchant/Provider Name	*Name of Person Receiving Product/Service	*Claim Amount
					$
					$
					$
					$
					$
[1]Plan Types **FSA**-health care FSA; **DCA**-dependent care FSA; **LFSA**-limited purpose FSA; **PKG**-commuter parking account;[2] **TRN**-commuter transit account;[2] **HRA**-health reimbursement arrangement; **HIA**-health incentive account				*Total Reimbursement Requested	=

[2]For qualified transportation accounts, per IRS guidelines, claims can be reimbursed only if they are submitted within 180 days of the date of service, up to the mandated maximums.

Step 4: Dependent care

If you are unable to provide a receipt for any claim(s) submitted for your dependent care account, your day care provider must sign below. If you would prefer to file only one claim for the plan year, please access the Recurring Dependent Care Request Form in the Forms section of the UPMC Consumer *Advantage* website.

Dependent Name

Date of Birth (mm/dd/yyyy)

☐ Adult Care ☐ Child Care
Service Type (choose one)

Provider signature and certification

I certify that the information provided is accurate. I understand that the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

*Dependent Care Provider Signature

Step 5: Participant certification

I certify that the reimbursement requests I am submitting are eligible expenses as defined by the IRS and that I have not been reimbursed for these expenses, nor am I seeking reimbursement for these expenses from any other source. I understand that UPMC Benefit Management Services, its agents, or employees will not be held liable if I submit ineligible expenses for reimbursement. By submitting this request, I certify that the information provided is complete and accurate. If there are any changes in the information provided, I understand that it is my responsibility to notify UPMC Benefit Management Services. I understand that I should retain a copy of all submitted documentation in case of an IRS audit.

*Participant Signature

*Date

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Nondiscrimination notice

UPMC Health Plan[1] complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

UPMC Health Plan provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)
Fax: 1-412-454-7920
Email: HealthPlanCompliance@upmc.edu

You can 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 Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

[1]UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., Community Care Behavioral Health Organization, and/or UPMC Benefit Management Services Inc.

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-492-8762 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-492-8762（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-492-8762 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-492-8762 (телетайп: 711).

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-492-8762 (TTY: 711).

주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-492-8762 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-492-8762 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-492-8762 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-492-8762 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-492-8762 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-492-8762 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-492-8762 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-492-8762 (TTY: 711).

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-855-492-8762 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-492-8762 (TTY: 711).