

INSTRUCTIONS FOR COMPLETION OF HRA CLAIM FORMS

HRA EXPENSES

- Complete claim form – all requested information must be provided or claim will be denied.
- Attach originals or copies of medical bills, insurance explanation of benefits, prescription drug receipts, cash register receipts, etc. The documentation must provide the following information or the claim will be denied:
 1. Name of provider of service (doctor, dentist, pharmacy, etc.)
 2. Name of person receiving service (self, spouse, dependent)
 3. Date of service
 4. Explanation of procedure
 5. Cost of procedure less any amounts paid by primary insurance provider
- Mail or fax claim and expense documentation to:
 - OUTSOURCE ONE, INC.
 - 730 Second Ave. So., Suite 530
 - Minneapolis, MN 55402
 - Fax (877) 491-6016
 - Or (612) 335-9217
 - flex@outsorceone.com