

- **File claim online:** Join the growing majority of participants who submit their claim online for faster service. Log in to your account at www.wageworks.com to file your claim electronically and upload your documentation.
- **File claim via fax or mail:** Claim forms may also be filed either via fax or US Mail and sent to the following locations: **Fax:** 877-353-9236, **US Mail:** CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512
- **Claim processing time:** Claims will be processed within 2 business days after receipt of the form. You may check the status of your claim by logging in to your account at www.wageworks.com.



ACCOUNT HOLDER:

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Last Name

First Name

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Employer Name

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ID Code*

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Zip Code

* ID Code is the last 4 digits of your Social Security number, your Employee ID number or other reference number assigned by your employer. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.

PROVIDER NAME	SERVICE DATES (Start and End Dates) (MM/DD/YY)	PATIENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT-OF-POCKET COST
Signature of Provider: (Replaces the need for other proof of service.)		Patient Name: _____ Relationship to Account Holder: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other: _____	Type of Service: <input type="radio"/> Rx <input type="radio"/> Dental <input type="radio"/> Psych/Therapy <input type="radio"/> Ortho <input type="radio"/> Chiro <input type="radio"/> Co-payment <input type="radio"/> Other _____
		<input type="radio"/> Lab <input type="radio"/> Vision <input type="radio"/> Hospital <input type="radio"/> X-Ray <input type="radio"/> OTC <input type="radio"/> Office Visit	\$
Signature of Provider: (Replaces the need for other proof of service.)		Patient Name: _____ Relationship to Account Holder: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other: _____	\$
		Type of Service: <input type="radio"/> Rx <input type="radio"/> Dental <input type="radio"/> Psych/Therapy <input type="radio"/> Ortho <input type="radio"/> Chiro <input type="radio"/> Co-payment <input type="radio"/> Other _____	\$
		<input type="radio"/> Lab <input type="radio"/> Vision <input type="radio"/> Hospital <input type="radio"/> X-Ray <input type="radio"/> OTC <input type="radio"/> Office Visit	\$
Signature of Provider: (Replaces the need for other proof of service.)		Patient Name: _____ Relationship to Account Holder: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other: _____	\$
		Type of Service: <input type="radio"/> Rx <input type="radio"/> Dental <input type="radio"/> Psych/Therapy <input type="radio"/> Ortho <input type="radio"/> Chiro <input type="radio"/> Co-payment <input type="radio"/> Other _____	\$
		<input type="radio"/> Lab <input type="radio"/> Vision <input type="radio"/> Hospital <input type="radio"/> X-Ray <input type="radio"/> OTC <input type="radio"/> Office Visit	\$
More expenses? Please complete another form.			CLAIM FORM TOTAL: \$

CERTIFICATION AND AUTHORIZATION: I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible deductible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one healthcare account, reimbursement will be made according to the payment order determined by those plans and as stated on the website. Use of this service indicates my acceptance of the WageWorks User Agreement at www.wageworks.com (available upon registration; enter username and password or click on Employee Registration link).