MID AMERICAN GROUP
THE LEADING EDGE™

HRA CLAIM FORM

How to file a claim:

Submit the Explanation of Benefits form (EOB) from the insurance carrier and billing statement from your service provider for claims processing.

To file a claim:

By Mail: **Mid American Group, Inc., P.O. Box 482, Westmont, IL 60559**
By Fax: **630-789-9421** **By E-Mail:** **flexclaims@midamgroup.com** **Phone:** **630-789-9508**

YOUR INFORMATION:	
EMPLOYER NAME:	
YOUR NAME:	
YOUR ADDRESS:	
	☐ Check here if new address
YOUR EMAIL ADDRESS	
YOUR SSN:	- -

Provider: Name, billing address and phone number	Patient Name:	Date(s) of Service:

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. Explanation of Benefits from my Insurance Carrier for all expenses are attached to this voucher. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature**:	Date: / /