



Claim Form

If you have separated or retired from County of Orange, use this form to reimburse your qualified out-of-pocket medical expenses

Submit your claims and supporting documentation online. It's faster and more secure.

(1) Log in at [HRAgo®](#) (mobile app) or [CountyofOrange.HealthInvestHRA.com](#); (2) Click **Claims**; and (3) Click **Submit a Claim**.

Or, mail completed form and supporting documentation to: HealthInvest HRA, PO Box 4390, Clinton, IA 52733-4390.

Make sure your documentation has everything we need!

Be sure to attach proof of each expense. Missing, incomplete, or illegible supporting documents are the most common reasons claims are denied. You can help avoid denied claims by making sure the proof you submit is legible and contains all five of the following:

1. **Name** of covered individual;
2. **Date** item was purchased or service was provided or Policy Periods for insurance premiums;
3. **Service Provider** name (doctor, pharmacy, hospital, etc.);
4. **Description** of the item purchased or service received; and
5. **Amount** of out-of-pocket expense.

Cancelled checks, carbon copy checks, credit or debit card receipts, bank statements, and balance forward or payment on account statements do not contain all of the required information and are **not** acceptable. Common forms of acceptable documentation include:

1. **Explanation of benefits (EOB)** from your insurance company (recommended);
2. **Itemized statement** of services from your doctor or other service provider;
3. **Stub or "bag tag"** from a prescription (not the cash register receipt); or
4. **Detailed receipt** for over-the-counter medicines.

The types of expenses listed below may require a prescription, letter of medical necessity, or an EOB:

- Massage therapy
- Weight loss programs
- Health club or gym fees
- Personal trainers
- Vitamins and supplements
- Transportation and lodging on medical care
- Orthodontia (prepayment contract)

Four easy ways to get your money back faster!

Try using our convenient electronic services.

1. **Submit your claims online.** Simply log in at [CountyofOrange.HealthInvestHRA.com](#), go to your **HRA portal** and click **Claims**, then follow the instructions.
2. **Use our mobile app.** Keep track of your account and submit claims on the go. Download **HRAgo®** from the App Store or Google Play. To use HRAgo, you must be registered for online account access.
3. **Set up an automatic premium reimbursement (APR).** You don't have to submit a claim every month for your qualified insurance premiums. To set up an APR, log in at [CountyofOrange.HealthInvestHRA.com](#), go to your **HRA portal** and click **Claims**, or complete and submit a paper **Automatic Premium Reimbursement** form.
4. **Elect direct deposit.** Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. To sign up, log in at [CountyofOrange.HealthInvestHRA.com](#), go to your **HRA portal**, click **My Profile**, then click **Account Preferences**.

Go Green!

Sign up for e-communication and avoid the paper clutter. Make your election online. Log in at [CountyofOrange.HealthInvestHRA.com](#), go to your **HRA portal** and click **My Profile** to update your **Account Preferences**.

Need a form or any of the resources listed above?

Log in at [CountyofOrange.HealthInvestHRA.com](#), then click **Resources**.

Questions?

1-833-382-2617

Login Online

[CountyofOrange.HealthInvestHRA.com](#)

Complete Claim form on reverse ►►



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1 PARTICIPANT INFORMATION

All information in this section is required to process your claim.

ACCOUNT NUMBER or SSN _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

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IMPORTANT: Have you previously separated or retired from the employer that made or is making contributions to this account?

☐ YES

☐ NO

DATE OF SEPARATION or RETIREMENT mm / dd / yyyy _____ EMPLOYER NAME _____

2 CERTIFICATIONS: READ BEFORE SUBMITTING

By submitting this form, I (the participant) certify: (1) To the best of my knowledge, all amounts listed are for qualified out-of-pocket expenses or premiums for medical, dental, vision, or long-term care. (2) All expenses listed on this form were incurred while you were separated or retired (not employed or re-employed) from County of Orange. (3) Items purchased are for use by me or one or more covered individuals, and I will pay back my reimbursement if I return an item to the retailer or sell an item to a third party. (4) I agree to hold the Plan and its agents harmless for any adverse tax consequences. (5) I have read and agree to the **Terms and Conditions** in the **Summary Plan Description** as amended from time to time. To get a current copy, log in at **CountyofOrange.HealthInvestHRA.com** and click **Resources**.

3 EXPENSE INFORMATION

Submitting expenses for your spouse or a dependent? Please enter his or her name, Social Security number, and date of birth in the Covered Individual column.

Covered Individual	Date of Service	Expense Amount
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Spouse/Dependent Name: _____		
SSN: _____ DOB: _____		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Spouse/Dependent Name: _____		
SSN: _____ DOB: _____		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Spouse/Dependent Name: _____		
SSN: _____ DOB: _____		

Have more expenses? Use another form or include an itemized list on a separate sheet of paper.

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