

How to Submit a Claim for Health Savings Accounts

We offer three easy ways for you to access your Health Savings Account (HSA) funds. **For fastest results, we encourage you to use your healthcare payment card (if applicable) or to submit your claim online.**

Payment Card

1. If your account included a payment card, you can use it to directly pay for services at eligible healthcare and locations such as doctor's offices, hospitals, and pharmacies.
2. Always save your receipts; the IRS may require them at tax time.

Online Claim Submission

1. Log in to your online account at premera.com. Click on "Personal Funding Account," then on "Manage Your Account."
2. Click "Add New Claim" from the left-hand menu. Enter the requested information about your claim and continue through the screens to confirm and submit the claim.

Paper Claim Submission

1. If you didn't use your payment card and are unable to access the Internet, complete the HSA Withdrawal Form.
2. Fax it to 866-741-0386.
3. If you choose to mail your claim form instead of faxing, the address is:
Claims Department
P.O. Box 622318
Orlando, FL 32862-2318

HSA Withdrawal Form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted.

- Do not use this form if expenses were already paid with your healthcare payment card.
- Do not use this form if you already submitted this claim online.
- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it to the claims department. (See submission instructions below.)

Personal Information	
Name of Employer	
Employee Name (last name, first name)	Social Security Number

Claim Details					
Date of Service	Patient's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
Total					\$

Authorization and Certification
<p><i>Read carefully: This claim will not be processed without your signature.</i></p> <p>I certify that I am the proper party to receive payments from this account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Premera Blue Cross Blue Shield of Alaska or the HSA trustee and that all decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this HSA withdrawal and agree that Premera Blue Cross Blue Shield of Alaska and/ or the HSA trustee shall not be held responsible.</p> <p>I understand that distributions made for purposes other than for qualified medical expenses are generally included in my gross income and, unless I have attained age 65 or am disabled, are subject to an additional 10% excise tax.</p> <p>X</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date</p>

Submission Instructions		
<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">For fastest results, fax to: 866-741-0386</td> <td style="padding: 5px;">Or mail to: Claims Department P.O. Box 622318 Orlando, FL 32862-2318</td> </tr> </table>	For fastest results, fax to: 866-741-0386	Or mail to: Claims Department P.O. Box 622318 Orlando, FL 32862-2318
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For funding account questions call 800-941-6121 . For health plan questions call 800-508-4722 .		