

Cypress Benefit Administrators **Request for Reimbursement** Phone: 877-236-0844
 P.O. Box 7020 **PRO HEALTH ADVISOR claim** Fax: 920-968-4616
 Appleton, WI 54912 E-mail: kristined@cypressbenefit.com

Please type or print clearly

Employer Information					
Employer Name:				Employer Group #	
Employee Information					
Employee Name:					
Employee Address:					
Street		City		State	Zip
Work Phone Number:			Home Phone Number:		
Date of Birth:			Social Security Number:		
Do you or any of your covered dependents have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name and phone number of other insurance company:					
Medical Expense Claims					
Date of Service MM/DD/YY	Patient Name	Relationship	Name of Provider	Description of Service	Claim Amount
					\$
					\$
					\$
					\$
					Total:

NOTE: When submitting Claims, please attach a copy of the receipt or Doctor bill.

I certify that the expenses for reimbursement requested were incurred by me (and/or my spouse and/or eligible dependents) and to the best of my knowledge and belief are eligible for reimbursement under the PRO HEALTH ADVISOR program. I hereby authorize any hospital or physician who has treated me, or other person who has attended me or examined me, or any company or government agency to furnish Cypress Benefit Administrators any and all information with respect to any illness, injury, medical history, consultations, prescriptions, treatments or benefits, and copies of all applicable records. A photostatic copy of this form will be as valid as the original. Any person who knowingly, and with the intent to defraud or deceive any insurance company, files an application or claim containing any false, incomplete, or misleading information is guilty of a felony.

Employee's Signature _____ Date _____

Once complete, form and copy of receipt(s) and/or Doctor bill(s) can be mailed to **Cypress Benefit Administrators** P.O. Box 7020 Appleton, WI 54912, faxed to 920-968-4616, or e-mailed to: kristined@cypressbenefit.com