

# Rapport Benefits Group

## HRA Claim Form

### Tips for an easy claim!

1) Provide your insurance EoB with a list of medical insurance claims showing:

- Dates of Service
- Provider Names
- Amount of Deductible Paid to Providers
- Total Deductible met Year to Date

2) Sign & Date your claim form.

Employee Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Email Address and/or Phone Number \_\_\_\_\_

Date of Service	Provider Name	Description of Service	Patient Name	Amount

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send claim forms and EoB's to:**

Fast: Scan to Service@RapportBenefits.com

Medium: Fax to 253.722.5811

Slow: Mail to Rapport Benefits Group

1423 East 29th Street #205

Tacoma, WA 98404-4008



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