



Online Claim Submission Instructions

For the fastest reimbursement submit your claim online.

1. Log into your account at oaklandcounty.retirepru.com and link to ConnectYourCare to request reimbursement.
2. Upload your documentation online or print out the Cover Form to fax your receipts.

Manual Claim Form

If you cannot submit a claim online, you may complete and submit this form.

- Do not use this form if you already submitted this claim online or used your payment card.
- Complete all entries on this submission form. Please print or type. Sign and date this form.
- Fax or mail it, along with the required documentation, to the claims department.
- If you have any questions, please contact Customer Service.

Personal Information	
Employee Name and Address	
Employer Name	SSN or Employee ID

Documentation Required
<p>You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt.</p>

Claim Details					
Date of Service	Name of Person Receiving Service	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
Total					\$

Authorization and Certification
<p>Read carefully: This claim will not be processed without your signature.</p> <p>I certify that these expenses have been incurred by me or by my eligible spouse or dependent.* The expenses have not been reimbursed and are not reimbursable under any other plan, such as a group medical plan, individual policy, or spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's or my dependent's income tax return. I understand that it is my responsibility to determine whether distributions are for qualified expenses and for any tax consequences that may occur. *If I am participating in an HRA, I certify that any medical expenses have been incurred by me or by my eligible spouse or dependent covered by my medical plan.</p>
<p>_____ Signature</p> <p style="text-align: right;">_____ Date</p>

Submission Instructions	
<p>For fastest results, fax to: 443-681-4601</p>	<p>Or mail to: Claims Department PO Box 622337 Orlando, FL 32862-2337</p>

If you have any questions, please contact **ConnectYourCare Customer Service** at **844-286-8472**.