

**HRA/MEDICAL  
REIMBURSEMENT PLAN  
PROCEDURES**



M.A. SERVICES  
PO BOX 587  
PITTSFORD, NY 14534  
585.730.8044 OR 800.836.8100  
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**\*\*Please check your plan benefit description to verify if your plan covers only those expenses subject to your deductible or if co-insurance costs are covered as well.\*\***

The IRS substantiation rules for medical claims reimbursements are very specific. It is based on medical validity, dates of incurred services (not paid claim dates!) and proof that the claim was not elsewhere reimbursed. You need to submit ALL of the documentation to support this.

**Doctors, Specialists, and Hospital Visits need the following:**

- Patient's Name (who received services?)
- Doctor's Name (who performed services?)
- Date of Service (date the service was performed)
- Service Rendered (what did the doctor do?)

**Prescriptions (please check your Summary Plan Description to verify eligibility for reimbursement)**

- Name of Patient (person drug is for)
- Name of Doctor (who prescribed the drug)
- Date Filled (date the pharmacy filled the script)
- Name of Drug (e.g.; Allegra, Prozac, Concerta)