

Bronson Healthcare Group Health Reimbursement Arrangement Claim Form

(Instructions on next page)



Last Name, First Name	SSN / Employee ID #
Home Address (Street, City, State, Zip Code) <input type="checkbox"/> Please update my address on file	Phone Number

**Did you know you can submit paperless claims online or via the MyNavia mobile app?
Just take a picture and submit!**

Health Reimbursement Arrangement

Service Date(s)	Type of Service	Services For Whom	Net Cost
Total Reimbursement Request \$			_____

Signature

To the best of my knowledge my statements on this claim form are complete and true. I understand that I am solely responsible for the sufficiency, accuracy, and veracity of claims and all information related to these claims submitted to my Health Reimbursement Arrangement. I certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source or insurance. By providing an email address, I consent to receive all possible communications from Navia Benefit Solutions, agents, and subcontractors regarding the Plan via email. I may withdraw consent at any time without charge by contacting Navia by phone, email, or mail. To update your email address contact Navia Benefit Solutions by phone, email, or mail. You have the right to receive paper version of an electronic document free of charge. Software requirements will be provided with each electronic document. I hereby authorize my Health Reimbursement Arrangement benefit to be reduced by the amount(s) shown above.

Participant's Signature X _____	Date _____
---------------------------------	------------

Claim Form Instructions

- Complete employee information section. Be sure to write legibly to ensure proper processing.
- Itemize your expenses in the table provided and attach copies of your documentation.
Documentation must clearly show the date of service, type of service, and final cost of service.
- Be sure to sign the claim form and submit! Please fax, email or mail a signed claim form, but choose one method only.

General Claims Submittal:

Email: claims@naviabenefits.com
 Fax: Local (425) 451-7002 or Toll-free (866) 535-9227
 Mail: Navia Benefit Solutions
 PO Box 53250 Bellevue, WA 98015
 Phone: Local (425) 452-3500 or Toll-free (800) 669-3539

Claims status is available [online](#). Please allow at least two (2) full business days for Navia to process your claim.

