Print Form

DIRECT MEMBER REIMBURSEMENT FORM

Section A

- Properly completed and submitted claims will be processed on (*time frames to be decided by client)*
- Please complete all sections, **including Section D**.
- **Submit this form with receipts to *Capitol Administrators, Inc.*, P.O. Box 2318, Rancho Cordova, CA 95741-2318. Customer Service (800) 331-5301**
- **Reimburse Forms are available on our website at www.capitoladm.com under "forms".**

Section B **EMPLOYEE INFORMATION**

Employee Name: _____ Social Security No. _____

Employee Mailing Address: _____

Daytime Phone # _____ ☐ Check this box if your address has changed

Section C **INSTRUCTIONS**

1. For health care expense claims that were submitted to a benefit plan or an insurance company but not paid by such, attach copies of other insurance carrier claim and/or payment forms (explanation of benefits form) to establish amounts not covered under the health care plan.

2. For all reimbursable expenses, copies of all bills must be attached showing the name and address of the provider who rendered the service, an itemized listing of services rendered, and the date and amount of charge. Canceled checks are not acceptable receipts.

EXPENSES

Item	Date Expense Paid	Reason for Payment **	Amount Paid
1.			
2.			
3.			
4.			
5.			
6.			
		Total:	

**** Use the following letter designation for "Reasons for Payment"**

A. Health Care expenses submitted to insurance company but not paid by the carrier (for example; a co-insurance or deductible amount)
B. Medical / Dental expense not covered by a benefit plan

Section D **EMPLOYEE CERTIFICATION**

I certify that the items submitted for reimbursement comply with Capitol Administrator's Direct Member Reimbursement Program and such items have not and will not be covered by any other plan or program of any employer or other person. Capitol Administrators does not accept responsibility for direct payment to any individuals other that the employee.

Signature: _____ Date: _____

NOTE: MISSING INFORMATION WILL DELAY YOUR REIMBURSEMENT

Capitol Administrators, Inc.