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Phone: (844) 969-8777 Fax: (855) 673-6710
FSA TPA Benefits Mobile App
www.fsatpa.com

CLAIM REIMBURSEMENT

Clear Form

NAME:

TRIBE:

Tribal Roll Number:	**Email Address:**	**Daytime Phone:**

Address of Primary Residence:

Street *City* *State* *Zip*

Mailing Address (*if different*)**:**

Street *City* *State* *Zip*

Individual Incurring the Expense (*check all that apply*)**:** ☐ Participant ☐ Qualified Non-Member/Citizen (*as defined by Tribal Plan*)

Type of Benefit (*as applicable to your Tribe's Plan*)**:**

☐ Health ☐ Long-Term Care ☐ Housing ☐ Utility ☐ Education ☐ Cultural/Religious ☐ Child Care ☐ Transportation ☐ Nutrition* ☐ Other

DATE OF SERVICE	MERCHANT *OR* SERVICE PROVIDER	ITEM *OR* SERVICE DESCRIPTION	AMOUNT
____/____/____			$_____

YOU MUST ATTACH THE FOLLOWING DOCUMENTATION TO PROCESS YOUR CLAIM:

☐ **Copy of Billing Statement or Contract** (invoice, bill of sale, lease agreement, etc.) ☐ **Proof of Payment** (itemized receipt, bank/credit card statement, online banking transaction, cleared check, etc.)

Documentation *must* include: Date of service/purchase, merchant/service provider, description of item/service purchased, and the amount of the paid item/service.

*** Please be aware that reimbursements for nutritional assistance are limited to one batched claim per month**. Receipted items are subject to interpretation—items not clearly identified will be considered ineligible for reimbursement. Also note that some eligible benefits may require prior authorization by the Tribe. Please refer to your Tribal Member Benefits Program Guide for additional details or contact your Tribal Sponsor for clarification. If your expense requires prior-authorization, please obtain a Tribal Signature before submitting your claim for reimbursement.

Participant Signature **Date** **Signature of Tribal Representative (*if required*)** **Date**

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses under the Tribal Member Benefits Program. I certify that I am aware that I may be reimbursed from the Program only for my own expenses or that of my Qualified Non-Member/Citizen(s) as defined by the Tribe's Program. I will also provide documentation necessary to support the amounts being requested for reimbursement. In addition, I certify that the expenses have been incurred and dates of service are during the timeframe required by the benefit program. Finally, by signing this document, I acknowledge and agree that FSA TPA, LLC may, in the case of an overpayment (fraudulent, inadvertent or otherwise), offset future expense reimbursements to me to account for such an overpayment.