

REIMBURSEMENT RETURN FORM



Account Holder Information (please print)			Spending Account ID #							
Last Name _____	First Name _____	Middle Initial _____	S	A						
Street Address _____			Social Security # (if SA# is not known)							
City _____	State _____	Zip _____	Daytime Phone							
Email address _____										
Returned Reimbursement Details										
Returned Amount: \$ _____										
Original Payment was:										
<input type="checkbox"/> Horizon Check or ACH:										
Original Check or ACH Date: _____ Original Check or ACH Amount: _____										
<input type="checkbox"/> Debit Card Purchase: Purchase Date: _____ Debit Card purchase paid from: <input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> HSA <input type="checkbox"/> VEBA										
Returned Payment by:										
<input type="checkbox"/> Returning Horizon Check										
<input type="checkbox"/> Returning Provider Check: Provider Name: _____ Provider Phone #: _____										
<input type="checkbox"/> Personal Check # _____										
<input type="checkbox"/> Use existing bank account on file at Horizon. Verify bank account number: _____										
To add new banking information, login to the Online Member Service Center at horizonblue.com and access the "My Profile" page.										
Reimbursement Return Reason										
<input type="checkbox"/> Health plan adjusted the patient responsibility causing an overpayment from Horizon.										
Dates of Service: _____										
<input type="checkbox"/> Debit Card Purchase Returned										
<input type="checkbox"/> Other: _____										
Please attach a copy of the Explanation of Processing received with the reimbursement being returned.										
Signature										
To my knowledge, all information provided above is complete and accurate.										
_____						_____				
Account Holder						Date				

Questions? Call Member Services at 1-888-215-0025.

Send via secured email only:
HorizonMyWay.Documents@Hellofurther.com

Fax to:
866-231-0214

Mail to:
P.O. Box 64193
St. Paul, MN 55164-0193