

Claim filing options:

- **File claim online:** Log in to your account at geha.com/WageWorks to submit your claim electronically.
- **File claim via fax or mail:** A completed form may be printed and faxed or mailed with documentation.
Fax: 877-353-9236, U.S. Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512

Instructions to fill out this form:

1. **Account holder** – Please print or write legibly when completing the account holder first and last name. Complete a separate form for your spouse and/or covered dependents.
2. **Claims for out-of-pocket expenses** – Include proof of payment as an attachment to this form that shows you pay Medicare Part B premiums.
3. **Enter your service dates and amount** – Complete this section based on how you pay your Medicare Part B premiums.

Medicare premiums are automatically deducted from my Social Security or Annuity check:

- Include a copy of your Cost of Living Adjustment (COLA) statement or Annuity Statement.
- Your service start day is first of the month in which you are eligible for Medicare Part B for this year. Your service end date is the last day of the year. (If eligible for Medicare Part B on January 1, this will be January 1 to December 31.)
- Enter the annual amount of your Medicare Part B payment (the monthly amount multiplied by the number of months of coverage.)

Premiums are not deducted from your Social Security check:

- Include a copy of your Medicare Bill along with your proof of payment (such as a cleared check or bank or credit card statement).
- Your service start and end dates should represent the period of coverage you have paid for and are seeking reimbursement for. These dates should match your Medicare bill indicating the coverage period you have paid for.
- Enter the monthly/quarterly amount of your Medicare Part B Payment.

Tip for claim submission

- For a complete list of eligible expenses specific to your plan, log in to your account at geha.com/WageWorks and select "Eligible Expense" from the left side of the screen.
- Only submit claims for eligible expenses.

Tips for documentation

- Ensure that the documentation is legible.
- The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- Send only photocopies of your claim form and documentation – keep the originals for your records if submitting via U.S. Mail.

Tips for faxing

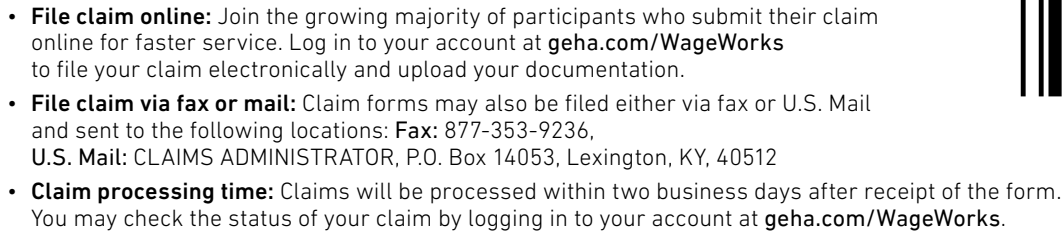
- Do not use a cover page when faxing the claim form and documentation.
- Submit only claims for your own account.

Tips for viewing claim status

- Please allow two business days from receipt of your claim for processing.
- You will be notified via email of the status of your claim if we have a valid email address on file (to update your email address, please log in to your account at geha.com/WageWorks and select "Profile" in the upper right corner of the screen).



Pay Me Back Claim Form

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* ID code is the last four digits of your GEHA member ID, found on your GEHA medical plan ID card.

Expenses for Medicare Part B premiums and IRMAA adjustments are covered under this Medicare Reimbursement Plan.

☐ My Medicare premiums are automatically deducted from my Social Security or Annuity check.
(Enter annual amount below in Section 3)

Proof of Payment: Please submit a copy of your Cost of Living Adjustment (COLA) statement or Annuity Statement.

☐ I pay my Medicare premiums after-tax. They are not automatically deducted from my Social Security or Annuity check.
(Enter monthly/quarterly amount below in Section 3)

Proof of Payment: Please submit a copy of your Medicare Bill along with your proof of payment (such as a cleared check or bank or credit card statement).

Your service start date is either January 1 of the year for which you are requesting reimbursement, your effective date if after the first of the year, or the first of the month(s) if you pay out-of-pocket on a monthly/quarterly basis.

Your service end date is either December 31 of the year for which you are requesting reimbursement or the last day of the month(s) if you pay out-of-pocket on a monthly/quarterly basis.

Fill in the total annual or monthly/quarterly amount of your Medicare Part B payment.

A diagram of a horizontal beam with a rectangular cross-section. The beam is divided into three equal segments by two vertical lines. A vertical crack is shown in the middle segment, and a diagonal crack is shown in the right segment.

Service Start Date
(MM/DD/YY)

A horizontal line represents a 1D lattice. Below it, a series of vertical lines divide the space into segments. Two of these segments are filled with diagonal hatching, representing the two sites of the dimer.

Service End Date
(MM/DD/YY)

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\$

Out-of-Pocket Cost

4416-GEHA-MRA (201912)