



Benefit Allocation Systems

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PRIEST PRESCRIPTION DRUG/CO-PAY REIMBURSEMENT PROGRAM

Employee instructions and information for completing this claim form.

1. Complete all employee information questions.
2. Indicate the dates of services rendered, name of provider along with a brief description of the services and the amount of reimbursement you are requesting.
3. When requesting reimbursement for medical expenses, a copy of the explanation of benefits provided by any insurer or claims processor must also be attached when coordination of benefits is involved.
4. Once the form is completed, forward the form with the attached receipts to the address or fax number shown above.
5. The provisions of this program reserve to the Administrator and the Claims Processor the right to reject requests for reimbursement which they believe are not supported by proper documentation or do not qualify as reimbursable expenses under this program.
6. If you have any further questions regarding submitting your claims, please contact a BAS Benefits Counselor at 1-800-945-5513 or use our secure online request form at www.MyEnroll.com /(Choose "Contact us" from the top horizontal menu, then choose "Secure Service Request" from the left side menu).
7. If you have any questions about this program, please call Christine Hagen, Diocesan Director of Human Resources, at 1-603-669-3100, extension 161, you may email her at chagen@rcbm.org.