



# Claim Reimbursement Form

Complete this form in its entirety and provide legible documentation.  
 If you have more expenses than space allows, please submit multiple forms.  
 Your signature is required for your claim to be approved.

## Claim Submission Methods

<b>Online</b>	www.marinbenefits.com	<b>The easiest way to submit your claim is through your online account via the Marin Benefits Member Portal.</b>
<b>Email</b>	claims@marinbenefits.com	
<b>Fax</b>	415-454-2928	
<b>Mail</b>	Marin Benefits Administrators, 6366 Commerce Blvd #293, Rohnert Park, CA 94928	

## Employee Information

<b>Employee Name</b>	<b>Employer Name</b>	
<b>Email</b>	<b>Phone</b>	<b>Last 4 of SSN</b>

## Reimbursement Claims

Service Date	Patient Name	Expense Description	Amount
<b>Total Claimed Amount</b>			<b>\$</b>



Please attach a copy of your itemized invoice detailing the services provided, date of service, and the total out-of-pocket expense. **For plans linked to a group health plan you must submit a copy of the Explanation of Benefits (EOB) from your health insurance carrier.** Failure to provide appropriate documentation will result in delays in the processing of your claim(s).

## Employee Signature

*By signing below, I certify that my statements on this form are true and accurate. I certify that all expenses for which reimbursement is claimed were incurred either by me or by my eligible dependent(s). I certify that the expenses claimed are not covered by insurance and cannot be reimbursed under any other health plan coverage. I further understand that reimbursed expenses cannot be claimed as a credit on my personal income tax return. All protected health information or personal information transmitted to Marin Benefits, Inc. (d/b/a Marin Benefits Administrators) should be sent in a secure format. Marin Benefits Administrators disclaim all liability for any damages, claims, costs or expenses arising out of or resulting from the sender's transmission of any protected health information or personal information, including transmission in an unsecured format, and the sender of such information assumes all risk and liability thereof.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

## Questions?

**Marin Benefits Administrators**

**Email:** support@marinbenefits.com **Phone:** 415-526-1401