

**Claim Filing Options:**

- **File claim online:** Log in to your account at <https://participant.wageworks.com/sfmra> to submit your claim electronically.
- **File claim via fax or mail:** Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: **1(866) 599-3058**, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14857, Lexington, KY, 40512

Instructions to Fill Out This Form:

- Complete ALL account holder information.
- Use your documentation to complete each section of the form, including the following:
 - Provider Name
 - Service Date(s)
 - Patient Name and Relationship to Account Holder
 - Type of Service
 - Patient Responsibility

Tips for Claim Submission

- For a complete list of eligible expenses specific to your plan, log in to your account at <https://participant.wageworks.com/sfmra> and select “Eligible Expense” from the left side of the screen. Only submit claims for eligible expenses.
- An eligible dependent is defined as a spouse, qualifying child, or qualifying relative. A qualifying child is defined as a dependent child up to age 26 or any age if permanently disabled. A qualifying relative is someone who resides with you for more than half of the year. Qualifying children and relatives must not provide more than half of his/her own support.

Tips for Documentation

- Ensure that the documentation is legible.
- Review your plan’s FAQs document to confirm the documentation requirements for claims submission. Failure to submit the required documentation may result in a delay in processing your claim.
- 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 US Mail.
- Cancelled or copies of checks and credit card receipts do not contain all 6 required pieces of information needed to approve your expense and are not acceptable for submission.

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 2 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 <https://participant.wageworks.com/sfmra> and select “Profile” in the upper right corner of the screen).

<https://participant.wageworks.com/sfmra>

- **File claim online:** Join the growing majority of participants who submit their claim online for faster service. Log in to your account at <https://participant.wageworks.com/sfmra> to file your claim electronically and upload your documentation.
- **File claim via fax or mail:** Claim forms may also be filed either via fax or US Mail and sent to the following locations: Fax: 866-599-3058, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14857, Lexington, KY, 40512
- **Claim processing time:** Claims will be processed within 2 business days after receipt of the form. You may check the status of your claim by logging in to your account at <https://participant.wageworks.com/sfmra>.

**ACCOUNT HOLDER:**[illegible]

Last Name

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ID Code*

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Account Holder Zip Code

* Your ID Code is the last 4 digits of a unique ID that was given to you by SF City Option.

[illegible]

First Name

[illegible]

Program Sponsor Name

PROVIDER NAME AND SERVICE DATES		PATIENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE		OUT-OF-POCKET COST												
Provider Name		Patient Name: _____		\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
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