

HEARING AID REIMBURSEMENT PROGRAM

INSTRUCTIONS FOR COMPLETING CLAIM FORM PLEASE READ BEFORE SUBMITTING YOUR CLAIM FORM

Your claim is important. To ensure we are able to process your reimbursement, please fully complete the attached HealthEquity | WageWorks Pay Me Back Claim Form. Submit your claim form along with your documentation of the expense. Please review the guidelines listed below to ensure all necessary information is included when filing your claim.

PG&E Benefits Service Center
P.O. Box 9920
Providence, RI 02940-4020

or fax to 1-855-373-1237

DO NOT fax or mail your claim directly to the general HealthEquity | WageWorks fax number or mailing address. Your claim will be denied without the Morneau Shepell certification present.

Tips to Complete the Claim Form

- Read every box and provide all requested information.
- Type or write legibly.
- Provide your legal name (the name PG&E has on file for you; not your nickname).
- Include your ID Code which is usually the last four digits of your social security number
- Remember to sign the form.

Kaiser Senior Advantage Plan participants:

Fax or mail the following to the PG&E Benefits Service Center:

- Your completed Hearing Aid Reimbursement Pay Me Back Claim Form
- The Kaiser Purchase Agreement for your hearing aid

Your Kaiser Purchase Agreement is the only acceptable document for claim submission if you are a Kaiser Senior Advantage member. If you submit other documentation in lieu of the Purchase Agreement, your claim will be denied.

Blue Shield HMO or Blue Shield Medicare COB HMO Plan participants:

Fax or mail the following to the PG&E Benefits Service Center:

- Your completed Hearing Aid Reimbursement Pay Me Back Claim Form
- Your Explanation of Benefits (EOB) for the hearing aid service and purchase

Your Blue Shield HMO Explanation of Benefits (EOB) is the only acceptable document for claim submission if you are a Blue Shield member. If you submit other documentation in lieu of the EOB, your claim will be denied.

***This form is not valid without a Morneau Shepell certification.** Send the form and supporting documentation to the address above or fax to 1-855-373-1237 for approval. DO NOT Fax directly to the general WageWorks fax number or mailing address. Your claim will be denied without a Morneau Shepell certification present.

ACCOUNT HOLDER INFORMATION

