



Modern Business Associates

MEDICAL EXPENSE
2010 CLAIM FORM

1. Attach all supporting insurance claim worksheets, bills, or receipts. Ensure that the documentation contains the name of the person receiving the service, the licensed service provider's name, date of service, type of service provided, total expense amount, insurance payment (if applicable), and your total out of pocket expense.
2. If your balance is not reimbursed in full due to missing documentation, you will be required to fill out a new claim form when resubmitting.
3. Make a photocopy for your records.

NAME: _____ SS# _____
Last, First, Middle

COMPANY NAME: _____ CURRENTLY EMPLOYED WITH THIS COMPANY? _____

CLAIMS FOR THE TIME PERIOD: _____, 2010

Certification: I certify the accuracy of the below information, that these claims are for persons covered under the Medical Expense Reimbursement Plan, and that I am not entitled to reimbursement from any other source.

_____ Date

_____ Signature

	Date Incurred	For the Benefit of - Name & Relationship	Description	Amount	Approved Y/N *MBA Only
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	

TOTAL: \$ _____

For MBA Use Only

Total approved amount: _____

Reason for decline:

Processed By: _____

Date: _____

Approved By: _____

Date: _____

Mail to: MBA 9455 Koger Blvd., Suite 200 St. Petersburg, FL 33702 or Fax to (727)563-1517