Claim Form

Healthy Lifestyle Reimbursement

GROUP NAME City of Sparks GROUP # 76416576

HOW TO PRESENT A CLAIM

1. One form is required per individual. If you have multiple dependents and reimbursement requests, you must complete one form for each individual including both the "Member Information" and "Dependent Information" on the form.
2. Describe what the reimbursement is for in the "Remarks" box.
3. Attach proof of payment to the claim form.
4. Upload the claim form and proof of payment to the UMR.com portal or mail to the address below.

WHERE TO SEND A CLAIM

UMR
PO Box 30541
Salt Lake City, UT 84130-0541

Preferred Method: Upload form/receipts on portal through UMR.com

MEMBER'S INFORMATION

MEMBER'S NAME			SEX M ☐ F ☐	MEMBER ID NUMBER
Last	First	Middle		

MEMBER'S ADDRESS				DATE OF BIRTH		
Number and Street	City	State	Zip Code	Month	Day	Year

REMARKS:

DEPENDENT INFORMATION Complete only if patient is a dependent spouse or child.

DEPENDENT'S NAME			SEX M ☐ F ☐
Last	First	Middle	

RELATIONSHIP	DATE OF BIRTH		
☐ Spouse ☐ Child	Month	Day	Year

The above answers are true and correct to the best of my knowledge. I hereby authorize any physician, surgeon, practitioner or other person, any hospital, including veterans administration or governmental hospital, any medical service organization, any insurance company, or other institution organization to release to each other, any medical or other information acquired, including benefits paid or payable, concerning this or other disabilities. A photostat of this authorization shall be as valid as the original.

Member's Signature Date

Parent's Signature (Parent, if member is a minor) Date