RPA, INC.
DIRECT REIMBURSEMENT CLAIM FORM
P.O. BOX 781., MAPLE VALLEY, WA 98038

E-MAIL: CS@RPA-INC.COM
PHONE 425-432-7002
FAX 425-432-7004

EMPLOYEE NAME	EMPLOYER NAME
EMPLOYEE MAILING ADDRESS	EMPLOYEE TELEPHONE NUMBER (DAY)
CITY, STATE, ZIP	E-MAIL ADDRESS

Please complete the following information for Coordination of Benefits.

Do you or any of your dependents have other dental coverage? Yes No

If yes, list each person covered by the other dental plan.	Name of Policy Holder
1	Name of other Insurance Company
2	Group or Policy Number
3	Policy Holder's Employer
4	Effective Date of other coverage

How to submit a claim for reimbursement:

1. Complete the claim information above and sign below.
2. **Attach an itemized statement of services received. This must include patient name, dates of service, description of service and cost and any payments made.**
3. Attach ***proof of payment** (if not included in itemization of services).
4. Submit all of the above to: **RPA, Inc.** **or Fax to: 425-432-7004**
   P.O. Box 781
   Maple Valley, WA 98038

***Please Note, a "NON-cancelled" check is not sufficient proof of payment.**

If you have any questions, please call RPA, Inc. at 425-432-7002 or send an e-mail to cs@rpa-inc.com

If your plan covers Orthodontia, please visit our website at www.rpa-inc.com to obtain a Direct Reimbursement Orthodontic Treatment Plan Form. You and your provider will need to complete the treatment plan and submit with your initial reimbursement claim. This form will also explain the reimbursement policy for Orthodontia.

I certify that I am claiming reimbursement only for paid eligible expenses incurred during the covered plan year for my enrolled dependents and/or myself. I also certify that these expenses will not be submitted to any other plan for coverage or reimbursement. I understand that services must be received prior to reimbursement including services that are "pre-paid".

I certify that I have not been reimbursed by any other source and will not claim these expenses as an income tax deduction. The attached information documents all expenses being submitted.

Employee Signature	Date