



HRPro
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Royal Oak, MI 48067
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Fax: 248.543.2296
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accounts@hrpro.biz

Debit Card Receipt Form

Employer Name			
Employee Name (Last, First, MI)			
ID/SS#	XXX-XX-	Daytime Phone Number	
Email Address <i>(to be used for claim correspondence only)</i>			
Description of Expenses			

For expenses paid for using your HRA debit card, please submit the following documentation along with this completed form:

1. Health Insurance Company Explanation of Benefits (EOB)
2. Pharmacy Prescription Receipt(s)

All of the above items are necessary to substantiate the debit card transaction.

Submit receipt(s) within 10 days of purchase using one of three ways:

1. **MAIL** complete form and receipts to:



Claims
1423 East 11 Mile
Royal Oak, MI 48067

Tel: (248) 543-2644
Fax: (248) 543-2296
Email: accounts@hrpro.biz

2. **FAX** this form along with receipts to (248) 543-2296 or 1-888-9898-FAX
3. **EMAIL** scanned copies of receipts with above information to accounts@hrpro.biz