

HSA Reimbursement Form

EMAIL, FAX or MAIL COMPLETED FORMS TO:

Email: hsaoperations@motivhealth.com **Fax:** 844.533.1289

Mail: MotivHealth, Attention: HSA Operations
PO Box 709718 Sandy, UT 84070-9718



Primary Account Holder Information

Last Name	First Name	M.I.
Street Address	City	State
E-Mail Address (required)	Daytime Phone ()	SSN or MotivHealth ID Number (6 or 7 digits)

Reimbursement Information

Provider Name	Date of expense
Patient Name	Total Reimbursement*
Type of expense: Medical Prescription Dental Vision (Note: No documentation needed. Keep receipts for your records)	

*If the requested reimbursement amount is higher than your available balance, we only process the reimbursement up to the available balance in the account. **An account closure fee is held reserve from your account and may be used for reimbursement.**

Reimbursement Method

Option 1—Check

This method is slower. Please allow 7–10 business days to receive your check.

Option 2—Use the verified electronic funds transfer (EFT) account already tied to my MotivHealth HSA.
(If an EFT is not on file, a check will be sent. Please allow 7–10 business days for the check to arrive.)

Option 3—Transfer the funds to the following account.

(Note: E-mail address is required for EFT)

Account type: Checking Savings

Financial institution: _____

City/state: _____

Routing number: _____

Account number: _____

Form must be accompanied by a copy of a voided or actual check

Your Name
123 Main Street
Any Town, USA 54321

Pay to the order of _____ \$ _____ Dollars

Your Financial Institution
400 Countrywide Way
Sunny Valley, Ca 93065

For _____

1 2 2000 78 9 0123456789 1234

Routing Number Account Number Check Number
(Do not include)

Reimbursement Authorization

By signing below, you authorize MotivHealth to reimburse me from my health savings account (HSA) for my expense in the manner specified above and I represent that the information I provided in this request is true and complete.

Name (please print)	Signature	Date
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Reimbursement requests can also be made online at www.MotivHealth.com