

# HPFFA Medical Claims Form

Please complete one claim form per person per submission.

Check which plan applies:

(CKC) Cigna Kelsey Care       (OAP) Cigna Open Access       (CDHP) Consumer Driven Health Plan       Medicare Retiree Plan       Non-City

Member Name: \_\_\_\_\_

Member Birth Date: \_\_\_\_\_

XXX-XX-\_\_\_\_\_  
Last 4 digits of member's social security #

Member Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Check if new address: \_\_\_\_\_

Zip: \_\_\_\_\_

Dependents Full Name: \_\_\_\_\_

This Claim is for: \_\_\_\_\_

Relationship: \_\_\_\_\_

Member

Spouse

Child

Dependents Birth Date: \_\_\_\_\_

Dependent

Step Child

Other \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Any person who knowingly and with intent to injure, defraud or deceive any benefit plan, files a statement or Claim containing any false, incomplete or misleading information may be guilty of a criminal offense.*

Attach all original receipts to this form. Keep copies of all items submitted

For questions about benefits or How to File a Claim,  
Call EPSI at 713-932-8917 or HPFFA at 713-223-9166

## HOW TO FILE A CLAIM

1. A fully completed claim form is required each time you submit a claim for yourself or your dependent. This form is necessary to help us identify your claim when it reaches our mail room.
2. Attach receipts/statements from providers to this completed claim form.
3. If you were hospitalized as an in-patient, please submit the itemized hospital bill.
4. If you or a covered dependent has Consumer Driven Health Plan (CDHP) coverage, or non-city group coverage, attach your Explanation of Benefits Statement (EOB) and receipts to this completed claim form.
5. Keep a copy of all items submitted. All payments issued by Employer Plan Services will be sent directly to you. Payments are not made to any health care providers.
6. Benefits for a member's covered dependents shall be determined by the same schedule which applies to the member.

### Send All Claims to:

EMPLOYER PLAN SERVICES, INC.

2180 NORTH LOOP WEST, SUITE 400

HOUSTON, TEXAS 77018

713-932-8917 OR 1-800-447-6588

### Register to view your claims on-line:

[www.epsiweb.com](http://www.epsiweb.com)

Use Group #: 1341000