



Spending and Reimbursement Account Appeal Form

If you believe your claim for reimbursement was denied in error, use this form to appeal the denied claim and provide details about why you feel your claim should be approved. Please submit this form within 180 days from the day the claim was originally submitted. **NOTE: Forms cannot be accepted via email.**

Details About Your Claim

Claim Number	Claim Date(s) of Service
<p>There are two ways to locate your Claim Number:</p> <ol style="list-style-type: none"> 1. Review the original claim notice you received via email or mail. You will find the Claim Number is located on the left-hand side of the page, above the service details such as Service Dates, Claim Amount, etc. 2. Log into your account via website or mobile app. Select "Claim Activity" from the "Claims" drop-down menu. From the "Claims Activity" page, you may need to select the "Denied" box to view denied or partially approved claims. When you find the applicable claim, the Claim number is above the "Date of Service" for that claim, designated by the "#" sign. 	

Your Contact Information

Last Name:	First Name:	EEID or Last 4 SSN:
Street Address:		Email:
City:	State:	Zip:
Employer Name:		

Additional Documentation

Please confirm the number of pages of supporting documentation included with your appeal:

Appeal Consideration

In addition to the supporting documentation, please provide details about your claim that will help us understand why you are appealing the claim denial.

When we receive this form and any supporting documentation, Aptia will review your appeal and either reimburse your claim or notify you that the claim remains denied.

Participating Employee's Signature:	Date:
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CONTACT INFORMATION
 Aptia
 P.O. Box 5319
 Fresno, CA 93755

Aptia Participant Services representatives are available Monday through Friday 8 am to 9 pm ET.
 Phone: (866) 268-0142
 Fax: (844) 791-8319
 Web: www.yourflexbenefits.aptia365.com