Submit your claim online
Claim Submittal Options

Universal BBP Admin Claim Form

BBP Admin
BENEFITS ADMINISTRATION
COBRA, FMLA, FSA, HRA, HSA, TRANSIT
info@bbpadmin.com
www.bbpadmin.com
630 773 2337

Employer Name:

Employee Name:

Email Address and Daytime Phone #:

PLEASE NOTE: Claims filed manually via email or fax using this claim form can take up to 72 business hours to process. For expedited claims processing in 24 business hours or less please log-in to your participant portal online at betterbusinessplanning.wealthcareportal.com to submit a reimbursement request or attach supporting documentation for a benefits card charge. Additionally, claims can be filed easily using the BBP mobile app. To download the app, visit the GooglePlay or App Store and search Better Business Planning.

BBP Admin also offers the option to automatically substantiate your benefits card charges or, if your employer does not offer the benefits card, automatically process your claims on your behalf. Please email support@bbpadmin.com for more information on this option.

Step 1 -

☐ **I have used my own form of payment to pay this bill** - I have attached a copy of the Explanation of Benefits (EOB) from my insurance carrier, an invoice from my provider (FSA only), or prescription slip from the pharmacy.

☐ **I have paid this bill with my BBP Benefits Card** - I have attached a copy of the Explanation of Benefits (EOB) from my insurance carrier, an invoice from my provider (FSA only), or prescription slip from the pharmacy to substantiate this purchase.

I would like the medical provider paid directly – ***Please log-in to the BBP participant portal at betterbusinessplanning.wealthcareportal.com to fill out an online claim form and request payment direct to the provider. Provider paid claims must be entered by the participant through the online portal or mobile app. Any claims requesting to pay the provider directly not entered by participant will be reimbursed to the participant.*

Step 2 –

Reimbursement Options:
*Please note, your employer may reimburse your claim via payroll so the options listed below may not apply

☐ Check *(Within 7-10 business days after claim release)*
**Please make sure your address on file is current by logging into the participant portal at betterbusinessplanning.wealthcareportal.com. There is a $25 fee to stop and reissue a check.*

☐ Direct Deposit *(Within 3 business days after claim release)*
**If you aren't already signed up for direct deposit please log-in to the participant portal at betterbusinessplanning.wealthcareportal.com and add your direct deposit information. There is a $25 fee for failed direct deposits.*

Step 3 –

Account Type:

☐ FSA Medical Claim Total Reimbursement Requested:

Must be accompanied by Insurance Carrier EOB (Explanation of Benefits) or detailed invoice with date of service and prescription slip from pharmacy.* ***Credit card/register receipts are not accepted.*

☐ HRA Deductible/Co-Insurance Claim Total Reimbursement Requested:

**Must be accompanied by Insurance Carrier EOB (Explanation of Benefits) or Rx slip from pharmacy.*
Credit card/register receipts are not accepted.
Enter full amount of deductible from corresponding EOB to account for any deductible requirement from Employer.

☐ FSA DCAP Claim Total Reimbursement Requested:

□ This is a recurring claim for the current plan year – please enter for the entire plan year. If my recurring expense changes, I will notify BBP.

Only required for DCAP claims*	
Name of provider, Employer Identification Number (Social Security number for an individual), and address of service provider	

☐ FSA Mileage Claim Total Reimbursement Requested:

Date	Destination (Hospital, Clinic, etc.)	Total Mileage Traveled	Amount Reimbursed *($.20/mile)*

☐ Parking / Transit Claim Total Reimbursement Requested:

***Please submit provider receipt with this transit claim. If daily parking please send a calendar of days you parked, if not daily parking please submit parking receipt. If a transit claim please e-mail BBP first as BBP debit card needs to be used for transit expenses.*

I affirm that:

- I HAVE NOT ALREADY BEEN PAID FOR THESE EXPENSES AND I HAVE NOT REQUESTED and WILL NOT RECEIVE REIMBURSEMENT FOR THESE EXPENSES FROM ANY OTHER PLAN; AND I have submitted the above information in good faith and it is correct to the best of my knowledge.

I understand that:

- Reimbursement is not a guarantee that this payment is tax-free.
- The service(s) for which I am requesting reimbursement must be incurred during my period of coverage, which begins the first day of the plan year as set forth by my employer if I enrolled during the Open Season, or the day after my enrollment is accepted by BBP, whichever is later, and *ends based on the year-end option set forth by my employer. *Please see your Summary Plan Description or call BBP for questions regarding this.
- After a plan's end date, I have 30 - 90 days to submit claims (check with your employer). If my benefits have been terminated, I have 60 days from my benefit termination date to submit my claim for reimbursement of eligible expenses incurred during my eligible period of coverage. If I do not submit claims for reimbursement by that date, I will forfeit any funds remaining in my account(s) in accordance with IRS rules.
- I cannot use health care expenses reimbursed through any pre-tax account as a deduction on my personal income tax return.
- The expenses for which I am requesting reimbursement are for myself, my spouse, my dependent or adult child through age 26 for all expenses.
- I am solely responsible for informing BBP of my updated contact and banking information. PLEASE NOTE: There is a $25 fee to stop a check sent to the incorrect mailing address or to reissue misplaced checks. There is a $25 fee for failed direct deposits.

I authorize release of payment through my Flexible Spending Account. I authorize BBP, or its representatives, to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers, and all other agencies or organizations (including other insurers) to consider the claim for reimbursement under my Flexible Spending Account.

Employee Signature: **Date:**

BBP Admin
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Please mail, fax, or e-mail completed claim form to the following address:
125 West Orchard Street – Itasca, IL 60143
Phone (630) 773-2337 – Fax (630) 775-8568
E-mail: Questions: support@bbpadmin.com
Claims: claims@bbpadmin.com