SelectAccount®

REIMBURSEMENT RETURN FORM

ACCOUNT HOLDER'S NAME AND ADDRESS	SelectAccount ID #
Last Name / First Name / Middle Initial	S A
Street Address	Social Security # (if SA# is not known)
City	
Email Address	Daytime Phone

RETURNED REIMBURSEMENT DETAILS

Returned Amount: $ ______________

Original Payment was:

☐ SelectAccount Check:
Original Check Date: ______________ Original Check Amount: ______________

☐ Debit Card Purchase:
Purchase Date: ______________ Debit Card purchase paid from ☐ FSA ☐ HRA ☐ HSA ☐ VEBA

Returned Payment by:

☐ Returning SelectAccount Check ☐ Returning Provider Check

Personal Check # ______________

☐ Use existing bank account on file at SelectAccount. Verify bank account number: ____________________________

☐ Use new banking information as indicated below.

Type of account: ☐ Checking account ☐ Savings account

Bank ABA Number: __ __ __ __ __ __ __ __ __
(The bank ABA number is the nine digit number located at the lower left corner of your Checking or Savings Account deposit slip.)

Bank Account Number: ____________________________________ Bank Name: ____________________________

Bank Phone Number: ______________________________________

REIMBURSEMENT RETURN REASON

☐ Health plan adjusted the patient responsibility causing an overpayment from SelectAccount.
Dates of Service: _________________________

☐ SelectAccount paid in error.

☐ Debit Card Purchase Returned

☐ Other: ____

Please attach a copy of the Explanation of Payment sent with the reimbursement being returned.

SIGNATURE

To my knowledge, all information provided above is complete and accurate.

____________________________________ Account Holder

____________________________________ Date

If Provider Check:

____________________________________ Provider Name

____________________________________ Provider Phone#

Form can be mailed to:

SelectAccount
ATTN: Account Administrator
P.O. Box 64193
St. Paul, MN 55164-0193
FAX: (651) 662-7247 / (866) 231-0214

FORMS AVAILABLE:
www.selectaccount.com
or by calling
SelectAccount
Customer Service

CUSTOMER SERVICE:
(651) 662-5065
(800) 859-2144
7 am - 7 pm, M-F