



## Flex Card Refund Request Form

| Member Information                | Information |
|-----------------------------------|-------------|
| Member Name (First, Last, Middle) |             |
| Member ID number                  |             |
| Email                             |             |
| Phone number                      |             |
| Name of provider                  |             |
| Date of service                   |             |
| Description of service            |             |
| Amount paid out of pocket         |             |

| Banking Details for Refund | Information |
|----------------------------|-------------|
| Bank Name                  |             |
| Account Number             |             |
| Routing Number             |             |

**Please attach detailed receipt from provider evidencing proof of payment and services.**

**\*All fields are required for refund processing\***

**Background/Purpose:** Peak Advantage members enrolled in our Summit and Vista plans are afforded a flexible spending card with annual limits depending on plan. While the flexible spending card can be used on variety of benefits as described in member materials, one use is for medical co-payments or co-insurances in various provider settings (excludes Part D prescription drugs). While we strive to ensure the flexible spending card is accepted at all valid locations, sometimes a transaction can fail causing a member to pay the co-pay or co-insurance out of pocket. **This form should be used to request reimbursement for such occurrence.**

**Process:** Upon full completion of this form and attachment of relevant supporting documents, please submit to Peak via the two methods described below. Peak will make all efforts to review the request within 7 business days but reserves up to 30 business days to make a determination. Upon completion of review, Peak will provide a disposition and reasoning via the email address provided. Disposition may result in a full/partial refund, or a denial. If a refund is processed, the amount will be deducted from the flexible spending card balance. Members have the right to appeal the decision. If you have any questions, please contact Peak Advantage Member Service at 1-855-962-7325.

Please mail or fax completed Refund Request form.

**Mail:** Peak Health, 1085 Van Voorhis Rd, Suite 300, Morgantown, WV 26505