

Supplemental Benefit 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 a voided check for accurate bank information for refund processing and a 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 plans are afforded supplemental benefits such as Flex/OTC allowance, Fitness, and Transportation. While we strive to ensure that our members don't have to pay out of pocket for their benefits, in certain circumstances this does occur. **This form should be used to request reimbursement for such occurrence. Please select the service this reimbursement request applies to.**

- Flexible Spending ☐
- OTC Allowance ☐
- Fitness ☐
- Transportation ☐
- Other ☐

Process: Upon full completion of this form and attachments of relevant supporting documents, please submit to Peak via one of the 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 letter. Disposition may result in a full/partial refund, or a denial. Members have the right to appeal the decision. If you have any questions, please contact Peak Advantage Member Services at 1-855-962-7325.

Please mail, fax or email completed Refund Request form along with a voided check for processing:

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

Fax: 304-974-3191

Email: PeakAdvantageFlexForm@peakhealth.org