



If you choose to not enroll in Choice Strategies Card substantiation service, do not fill out this form.

To enroll in the Choice Strategies substantiation service please read the information below, check the "I elect ..." box and fill in all information. Failure to provide the necessary information may result in the Choice Strategies Card being unable to substantiate transactions.

I. My Authorization

Choice Strategies and its representatives may obtain my Protected Health Information (PHI) via online access for the purpose of substantiating transactions/claims in relation to my health reimbursement arrangement and/or flexible spending accounts. In order to do so, I hereby authorize Choice Strategies to access my account with the password and user ID supplied below. If I do not have a password and user ID and need assistance with setting up the account I will need to contact my health insurance company. Choice Strategies may obtain my health care information through discussion with medical providers. I authorize any information necessary to substantiate claims to be released in writing and either mailed or sent electronically as requested from providers to Choice Strategies. This authorization is strictly for the use of substantiating spending for my health reimbursement arrangement and/or flexible spending accounts and will not be discussed with anyone other than me, my providers, my employer and further limited to those authorized by my employer. Authorization is granted for access to medical, pharmacy, dental, vision and all other related plans. This authorization also applies to my dependent(s) (if applicable).

II. My Rights

- My authorization is effective until I revoke it in writing.
- I may revoke this authorization at any time by writing to Choice Strategies.

III. Choice Strategies Responsibilities. Choice Strategies is required by law to:

- Maintain the privacy of your protected health information.
- Follow all privacy practices and procedures currently in effect.

I elect to disclose and discuss my PHI.

Signature: * _____ Date: _____

IV. My Access Information

Please fill out all the information below and return to Choice Strategies

Your Name: (as it appears on your insurance card)	Employer Name:
---	----------------

Date of Birth: _____ Social Security Number: _____

Daytime Phone: _____ Email Address: _____

Zip Code: _____ Health Plan Provider: _____

Health Plan Member ID Number (as listed on Member ID card): _____

***If your health insurance provider changes, a new online account will need to be set up and the username and password must be provided to Choice Strategies to continue the substantiation of your account.**

My Health Plan Online User ID: (required) _____

My Password: (required) _____

***I will notify Choice Strategies if and when I change my password. If I do not notify Choice Strategies of a change to my password, transactions may not be substantiated.**

My Prescription User ID: (if applicable) _____

My Prescription Password (if applicable) _____

Please be sure to make a distinction between upper and lowercase letters and numbers

If prompted to do so during the setup process, what is the answer to your security Question(s)?

My Dependents Covered Under the Health Care Plan:

Name: _____

User ID: _____ Password: _____

Signature: _____ Date: _____

Name: _____

User ID: _____ Password: _____

Signature: _____ Date: _____

Please remit completed and signed form to: substantiation@choice-strategies.com or fax to 1-888-415-6471

