

Today's Date: ____/____/____

of pages: ____

Plan Year: **2023**

Medicare Part B Recipient Name:		Employer Name/Division Name: Inter-American Development Bank Medicare Part B Premium Reimbursement	
Medicare Part B Recipient Address:		<input type="checkbox"/> Please check if change of address; you must also change with your HR department.	
Medicare Part B Recipient Social Security Number:	Home Phone:	Cell Phone: ()	

Please only use one claim form per Medicare Part B participant. If one reimbursement request form is used to submit claims for multiple Medicare Part B participants in the same family, please note that the P&A Group will not process your reimbursement request.

The name of the individual on the P&A Group claim form should match (be identical) to the name shown with the supporting documentation. If your name does not match, the reimbursement request will not be processed and you will be asked to resubmit.

Please indicate one of the following: Request for Reimbursement Or Change in Premium Cost

Name of Medicare Part B Participant	Name of the IDB (Retiree or dependent) Your relationship to them	List the total MONTHLY AMOUNT	Indicate the month the premium went into effect

Total Amount Requested: \$ _____ **Per Month**

I certify that the above listed expenses have been incurred by me or by my spouse or dependent(s) and that they have not been reimbursed under any other health plan; furthermore, I will not seek reimbursement of the expenses under any other health plan.

Recipient Name's Signature: _____ **Date:** ____/____/____

Claim Submission Guidelines

- All reimbursements will be made payable to the IDB retiree.
- Send completed claims via fax or mail to P&A Group.

FAX: Toll-free (855) 362-7711

MAIL ADDRESS: Flex Department, Attn: IDB Reimbursement Account 17 Court Street, Suite 500, Buffalo, NY 14202-3204

P&A Group Customer Service Information

Customer service representatives are available Monday - Friday, 8:30 AM - 8:00 PM ET.

WEBSITE: www.padmin.com **Dedicated Service Line:** (716) 463-2541

Electronic Claim Submission

Upload and submit your claims directly to the P&A website from your mobile device or computer. Log into your P&A account for more information.