

Please Send Completed Form With Receipts To:

CDH Administration

40 Commercial Way, E. Providence, RI 02914

Email: [BCBSRIclaims@londonhealthusa.com](mailto:BCBSRIclaims@londonhealthusa.com)

Fax: 401-435-3937

## Spending Account Reimbursement Claim Form

Employer Name:

Employee Name:

If Dependent, Name:

Phone:

Employee ID #: