

CLAIM FILING INSTRUCTIONS

The Internal Revenue Service has set specific guidelines for administering Flexible Spending Account Programs. Please review the following to determine the supporting documentation required for your expenses.

Health Care Expenses:

Health care expenses include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons are not eligible expenses. Also, expenses that are merely beneficial to one's general good health are not eligible expenses. In some cases, you may be asked to provide a letter of medical necessity from your attending physician to substantiate your claim.

If you have medical, dental or vision insurance, all expenses must be submitted to your insurance company before submitting for reimbursement, even if you have not met your annual deductible. When you receive the Explanation of Benefits (EOB) from your insurance company, submit a copy along with the completed reimbursement form. If you make a copayment when you receive medical care, you may submit the EOB or an itemized statement showing the date of service, a description of the service(s) provided, provider name and address, patient name, and the copayment amount.

If you do not have insurance coverage for health expenses, submit an itemized statement from the provider showing the date of service, a description of the service(s) provided, provider name and address, patient name, and the amount charged along with the completed reimbursement form.

****Note:** Cancelled checks, credit card receipts, or billing statements showing "previous balance", "balance forward" or "received on account" do not meet IRS guidelines and cannot be accepted.

Prescription drug documentation must include the provider name, the date the prescription was filled, the name of the drug, patient's name and dollar amount. This information is provided on the pharmacy receipt, or you can ask your pharmacist for a print out of your prescriptions for a particular time period.

Over-the-Counter Drugs

Effective January 1, 2011: Over-the-counter medicines or drugs (other than insulin) are no longer eligible for reimbursement unless accompanied by physicians prescription to be reimbursed under a Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA). This change applies to all plans on January 1, 2011, regardless of your plan year.

If you are requesting reimbursement for an over-the-counter (OTC) drug expense we will require both a doctors prescription and an itemized receipt that includes the name of the merchant, the name of the product purchased, the cost of the item and the date it was purchased. (i.e. Walgreens, 01/10/04: Tylenol - \$6.99, Vicks 44 - \$4.99, etc.)

Orthodontia claims require an itemized statement, the orthodontist's contract/payment agreement, or monthly payment coupons. Reimbursement can be made in one lump sum, or as the services are provided over the expected treatment period as described below:

- **Monthly Payment Option** – You can obtain a contract agreement from the orthodontist showing the patient name, the date the service begins and the length of service, charges for the initial work and the dollar amount charged each month. Submit this with your first claim form and each month following only attach the itemized statement. You will need to send a new contract agreement at the beginning of the next plan year if you wish to continue.
- **Total Payment Option** – If you paid the entire amount of treatment when the service began, attach a copy of an itemized statement showing the provider name, patient name, date treatment started, dollar amount and amount insurance will pay to the reimbursement form. *Under this option, you can only file for this expense once. You cannot submit this expense again in future plan years.*

Dependent Child or Adult Day Care:

Complete the claim form in full, and provide an itemized statement from your provider for work-related expenses. The itemized statement must include the provider's name, your dependent's name, as well as the specific dates daycare services were provided and the cost of the care. The claim form can be used as an itemized statement if your daycare provider signs the form where indicates. *Cancelled checks cannot be accepted.* Reimbursements can only be made for services that have already been provided. An eligible dependent is under the age of 13 or otherwise meets the "Qualifying Person Test" as described in Publication 503.