

Health Care Flexible Spending Account (FSA) Claim Reimbursement Instructions

HEALTH CARE EXPENSES:

- **Health Care Expenses Include:**
 - Amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease.
 - Treatments affecting any part or function of the body.
- *Expenses solely for cosmetic reasons or for general health and well-being are not usually eligible expenses for medical care.*
- *Do not submit expenses previously paid for with your FSA debit card.*

SUPPORTING DOCUMENTATION: *Supporting third-party documentation for health care expenses must include at least one of the following:*

- **Explanation of Benefits (EOB)**
 - The statement you receive each time a claim is submitted to your health, dental or vision plan.
- **Itemized Statement or Receipt Containing:**
 - Type of service or product provided (*include prescription name, if applicable*);
 - Date the expense was incurred;
 - Name of the employee/dependent for whom the service/product was provided;
 - Person/organization providing the service/product;
 - Amount of the expense after insurance benefits were provided (*if applicable*).

INELIGIBLE EXPENSES AND DOCUMENTATION : *The following are not allowable under Code Section 125 of the IRS:*

- **Unacceptable Documentation:**
 - Credit card receipts or cancelled checks as documentation.
 - Billing statements showing “Previous Balance,” “Balance Forward,” or “Received on Account.”
- **Ineligible Expenses:**
 - Amount paid by insurance.
 - Services for weight loss, home improvements, plastic surgery, and diet counseling are not eligible expenses unless they are medically necessary. A physician’s letter of medical necessity is required for these services.

BEFORE YOU SUBMIT YOUR HEALTH CARE REIMBURSEMENT CLAIM FORM PLEASE BE SURE TO:

- Complete the claim form in full.
- Sign and date the claim form.
- Include the appropriate documentation, including the EOB whenever possible, to substantiate your expenses.
- If multiple items are listed on a receipt, **CIRCLE** the items filed for reimbursement.
DO NOT highlight the items.
- Make sure supporting documentation equals the total amount you are claiming for reimbursement.
- Keep a copy of your claim form and any original receipts for your records.