



**Benefit Express**  
**P.O. Box 189**  
**Arlington Heights, IL 60006**  
**877-837-5017**  
**253-793-3766 FAX**

**FLEXIBLE SPENDING ACCOUNT  
 REIMBURSEMENT GUIDELINES**




**Flexible Spending Account Reimbursement Request Certification**

I certify that I am claiming reimbursement only for eligible expenses incurred by qualifying individuals while a participant under the plan and during the applicable year. These expenses have not, nor will be, reimbursed from any other source and have not and will not be claimed as an income tax deduction. The attached documentation and / or Explanation of Benefits (EOBs) support all expenses for which I am claiming reimbursement. \*Note: "incurred" as used throughout this reimbursement form, refers to the date(s) that the participant is provided with the medical care that gives rise to the medical expenses, and not to the dates when the participant is formally billed, charged, or pays for the medical care.

**Helpful Claims Information & General Submission Tips:**

- ✓ IRS guidelines require the submission of third party documentation which includes 1) **DATE OF SERVICE**, 2) **DESCRIPTION OF SERVICE**, including both procedure performed and the condition treated AND 3) **TOTAL COST OF SERVICES**. Acceptable documentation generally includes an Explanation of Benefits (EOB) from your medical insurance carrier and/or a receipt from your provider detailing **DATE OF SERVICE, DESCRIPTION OF SERVICE, and COST OF SERVICES**. The following types of documentation will not be accepted: **CANCELLED CHECKS, CREDIT CARD RECEIPTS OR STATEMENTS, BALANCE FORWARD STATEMENTS.**
- ✓ Ineligible Expenses: This is a partial list of health care expenses that are not eligible for reimbursement from your Health Care Reimbursement Account:
  - Cosmetic surgery or procedures of any kind
  - Health club memberships
  - Physical or massage therapy treatments for general well-being
  - Solutions for the care and maintenance of eyeglasses
  - Domestic help fees (for services of a non-medical nature)
  - Lens replacement insurance
  - Herbs and supplements
  - Union dues or insurance premiums
- ✓ All claims must be made on a signed, fully filled-out and itemized claim form. **Please note that upon receipt of an unsigned or incomplete claim form, a letter will be sent requesting that the participant sign or complete the form before processing.**
- ✓ **Pharmacy / Prescription Charges:** Documentation is required from the pharmacy that includes the patient's name, name of pharmacy, date of service, prescription number, name of drug, NDC number, and cost of the prescription. Please be aware over-the-counter, weight loss, and cosmetic medication are typically not covered.
- ✓ **TIMELY SUBMISSION OF CLAIMS:** All claims incurred during the plan year, or while you were a participant in the plan, must be submitted by the end of your employer's designated grace period as contained in your Company's Summary Plan Description. Should you wait until the end of this grace period to submit your claims, you run the risk of forfeiture of any unused amounts in your account should your claim not include all the necessary documentation required. **Any new claims or documentation submitted after the grace period cannot be considered for reimbursement.**

**EXAMPLE**

 <b>AL's Pharmacy</b> <i>"The Rx for your Rx Needs!"</i>	<b>RX# 123456</b> <b>03/26/2002</b>
Bob Smith <b>B</b> Dr. Toby Barrett	
(SC) #18 NDC #00098-32 REG #PHY42 AUTH #01234	<b>Amoxicillin 75 mg Tablets</b> Take 1 tablet 3 times daily  <b>COPAY: \$10.00</b>

Date Services Were Provided	Patient Name	Name of Provider of Service	Type of Service	Net Amount
<b>A</b>	<b>B</b>	<b>C</b>	<b>HC</b> DC TR PK	<b>D</b>

**Reimbursement Tips:** The above example details the required information contained on a typical provider receipt. The DATE OF SERVICE in this instance is the day that the prescription was filled. On the other types of documentation, the DATE OF SERVICE may not be as clear or there may be more than one date. In that case, use the date that SERVICES WERE ACTUALLY RENDERED, NOT THE PAYMENT DATE. You may also notice that the SERVICE PROVIDER is "AL's Pharmacy" and not the doctor that prescribed the medication. The SERVICE PROVIDER is the company or party that charged for the service - the doctor, Walgreen's, Pearle Vision, etc. Services for Chiropractic, Acupuncture, Massage, Medical/Orthopedic Supplies, LASIK are Health Care related Services (HC). When submitting an orthodontia claim, please make sure that you have submitted the treatment contract from your provider before submitting claims for monthly payments and other miscellaneous orthodontia supplies such as retainers, repairs, x-rays, exams.