


How to File Claims for Reimbursement from HRA and FSA Reimbursement Plans

No form required if filing online at www.fbsflex.com.

This guide provides simple instructions for filing claims with the necessary documentation to meet the IRS guidelines for reimbursement.

KEEP YOUR ORIGINAL DOCUMENTATION FOR YOUR RECORDS AND SUBMIT A LEGIBLE COPY WITH YOUR CLAIM!

<p>If Covered By Insurance</p>	<p>It is recommended that you submit to your insurance carrier first and obtain the insurance explanation of benefits (EOB) as follows:</p> <ol style="list-style-type: none"> 1. Have the provider submit claim to insurance payer first. 2. Insurance payer will send you an Explanation of Benefits (EOB) showing the amount you owe. 3. Complete the FBS-Reimbursement Request Form and include EOB to claim the amount you owe after insurance has paid. <p>✓ NOTE: Register at your insurance carrier's website to view your account and obtain EOBs.</p>
<p>If Not Covered By Insurance</p>	<p>Complete FBS-Reimbursement Request Form and include an itemized statement clearly showing:</p> <ol style="list-style-type: none"> 1. Provider name/address, 2. Date service was provided (not the date you paid for the service), 3. Patient name, 4. Description of service (eye exam, x-ray, crown); and, 5. Dollar amount you owe (regardless if paid). <p>✓ NOTE: As Health Care Providers may not automatically provide an itemized statement, you may request it.</p>
<p>Prescriptions, Over the Counter Drugs, Medicines & Medical Items</p>	<p>PRESCRIPTIONS Complete FBS-Reimbursement Request Form and include:</p> <ol style="list-style-type: none"> 1. Pharmacy script or mail order statement showing patient name, name of drug/Rx item, date filled, dollar amount; or, 2. Itemized printout of prescription from pharmacy. <p>✓ NOTE: You may be able to register at your pharmacy website to view your account and obtain an itemized list of prescriptions.</p> <p>OVER-THE-COUNTER DRUGS/MEDICINES <i>These include antacids & digestive aids, allergy & sinus, antibiotic products, anti-diarrheal & laxatives, anti-gas products & stomach remedies, anti-itch & insect bite treatments, baby rash ointments, cold sore remedies, cold/cough/flu/pain relief products, motion sickness, respiratory treatments, sleep aids/sedatives, etc. Some alternative treatments may require a letter of medical necessity from the patient's attending physician</i></p> <p>Complete FBS-Reimbursement Request Form and include:</p> <ol style="list-style-type: none"> 1. Cash register receipt showing merchant name, date, product description, dollar amount; and, 2. Written prescription from the patient's attending physician. <p>✓ NOTE The www.fsastore.com website is an excellent source for eligible items and information!</p> <p>OVER-THE-COUNTER MEDICAL ITEMS <i>Physician prescription is not required for items such as bandages, birth control, braces & supports, catheters, contact lens supplies & solutions, denture adhesives, diagnostic tests & monitors, elastic bandages & wraps, first aid supplies, insulin & diabetic supplies, ostomy products, reading glasses, wheelchair, walkers, canes, etc.</i></p> <p>Complete FBS-Reimbursement Request Form and include:</p> <ol style="list-style-type: none"> 1. Cash register receipt showing merchant name, date, product description and the dollar amount paid. <p>✓ NOTE The www.fsastore.com website is an excellent source for eligible items and information!</p>
<p>Orthodontia</p>	<p>Complete FBS-Reimbursement Request Form and include:</p> <ol style="list-style-type: none"> 1. Payment coupon for monthly appointment; or, 2. Itemized statement and payment receipt if claiming one upfront payment (if allowed under your plan). <p>✓ NOTE: Review your employer's reimbursement plan documents for specific reimbursement requirements.</p>
<p>Dependent Care (Work-related Child or Elder Daycare)</p>	<p>Complete FBS-Reimbursement Request Form and include:</p> <p>—Provider signature on the claim form; OR, —Itemized statement from provider showing:</p> <ol style="list-style-type: none"> 1. Provider name/address, 2. Date the child/elder care services was provided, <p>IMPORTANT: Do not submit for services that have not yet been provided or future dates of service. Submit for a full month after the month has ended or submit for the previous week's expenses.</p> <ol style="list-style-type: none"> 3. Name of dependent for whom the care was provided, 4. type of service (daycare, day camp, preschool, after-school care, etc.); and, 5. Dollar amount you owe. <p>✓ NOTE: Save time by having your dependent care provider sign the claim form to certify the care was provided!</p>
	<p>IRS rules are strict. Unacceptable claim documentation are:</p> <ul style="list-style-type: none"> ⊗ Cancelled checks ⊗ Credit card receipts ⊗ Statements that are not itemized and say "balance forward" or "previous balance due" or "paid on account" ⊗ Statements for service that has not yet been provided, i.e., future dates of service ⊗ Pre-treatment estimates of services to be provided in the future ⊗ Statements that do not include the date service was provided ⊗ Statements that do not include the description of service ⊗ Statements that do not include the provider name, patient name and dollar amount you owe