

Medical Flexible Spending Account **Reimbursement Guidelines**

In general, an employee may be reimbursed for a health care expense which qualifies as a deduction on the federal income tax return, but which has not or will not be reimbursed by any other source and has not been or will not be deducted on the employee's income tax return. Some examples of eligible expenses include medical and dental deductible and coinsurance amounts, vision, hearing, and prescription drug expenses not covered by your health insurance.

To ensure that your claims are processed correctly and on a timely basis, please observe the following guidelines. Claims without proper documentation will be returned to you.

Supporting Documentation for Medical and Dental Claims:

Attach to the reimbursement claim form a copy of the Explanation of Benefits (EOB) statement from your insurance carrier showing how the claim was processed (e.g. deductible withheld, amount approved and paid, your responsibility, etc.) Please note that invoices or bills from medical or dental providers are **not** acceptable. You must submit the insurance EOB statement. In addition, in order for a claim to be eligible for reimbursement, the date that services were rendered must be within the plan year. It does not matter when you are invoiced, charged, or pay for the expenses. The critical factor is the date that services were rendered.

Supporting Documentation for All Other Health Expenses:

This would include prescription co-pays and vision expenses not covered by insurance. Attach to the reimbursement claim form a receipt that clearly states:

- Patient name
- Provider name and address
- Date service was rendered
- Amount charged and paid
- Description of the services or supplies rendered

If you have questions regarding the Flexible Spending Account, please call:

Marie Czarny
800-201-0450 Ext 3420