



# ***A Flex Participant's Guide to Submitting Claims***


Attached you will find two different reimbursement forms to be used when submitting claims to your flexible spending account. Please use the following guidelines to assist you when submitting claims to your flexible spending account.

## ***“Flexible Spending Account Reimbursement Form” -- (medical – dental – vision)***


 It is necessary to attach a form of documentation to support each claim you submit. Acceptable forms of documentation include an explanation of benefits (EOB) from your insurance carrier, a statement of account or receipt from the office or hospital that rendered the service or a prescription receipt from the pharmacy. Whatever you choose to submit to support your claim must display the following:

Date of service     Description of service     Provider of service     Amount you are responsible for paying

 If any one of the above noted items is not clear or is questionable on the documentation provided, your claim will be pended for further information. A letter will be mailed to you informing you of this and requesting the appropriate information.


 The following is a list of forms of documentation that would be flagged as questionable and require us to pend the claim for further information:


- Previous balance, balance forward, payment on account – these phrases indicate that you have carried a balance forward from a previous date(s) of service. This form of documentation would cause questions regarding the actual date(s) of service, the description of service and the breakdown of charges/patient responsibility.
- Estimated insurance payments – if an EOB states that it is an estimate of charges or a statement of account from the provider states that there is an insurance payment expected/anticipated, the claim will be pended until it has been submitted to the insurance carrier and they have paid their portion.
- Credit card receipts or cancelled checks – these are proof of payment, however, they do not provide the date or description of service.

 Please be sure to fill out each section of the reimbursement form completely.


- To ensure accuracy, each claim or date of service should be listed separately. Claims that state “various” dates of service and list one lump sum for the amount being claimed must be broken down by date of service which can lead to discrepancies in the amount being reimbursed.
- To avoid confusion, do not write “see attached” on the claim form. If you do not specify what you would like reimbursed, it is likely that you will not receive the amount of reimbursement you were expecting.

## ***“Child Care Reimbursement Form” -- (dependent care)***

 It is not necessary to attach receipts to this form. As stated at the bottom of the form, once the participant signs it, it becomes the receipt.

 Please be sure to fill out each section of the reimbursement form completely.

- The tax identification number or the social security number of the day care provider must appear on each submission.
- When listing the date(s) of service on the reimbursement form it can be submitted in the format of a daily, weekly or monthly breakdown. Be sure to list the beginning date of service on the claim form. For example, if you are submitting a claim for the months of January and February, list January 1<sup>st</sup> and February 1<sup>st</sup> as the dates of service.

 **All submissions for reimbursement must be received by mail. If a reimbursement form is received without the participant’s signature, we will be unable to process it and it will be returned**