

## Claim Filing Instructions

The Internal Revenue Service has specific guidelines for Flexible Spending Account (FSA) and Dependent Care Assistance Plan (DCAP) administration. To avoid delays in processing your claim, please read the following carefully to determine what documentation is required for reimbursement of your eligible expenses.

### Health Care Expenses

The IRS defines medical care as amounts payable for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care. Also, expenses that are merely beneficial to one's general health are not expenses for medical care. In some cases, you may be asked to provide a letter of medical necessity from your attending physician (on their letterhead) to substantiate your claim. Eligible services must be incurred during the active plan year (or applicable grace period) regardless of when billed or paid. In fact, as long as your service has been performed and is complete, it is eligible for reimbursement. Credit card receipts are not an acceptable receipt for FSA or DCAP reimbursement as they do not include any service or patient detail.

**If you have medical, dental or vision insurance:** all expenses must be submitted to your insurance company before being submitted for reimbursement - even if you have not met your annual deductible. When you receive the explanation of benefits (EOB) statement from your insurance carrier, submit a copy to us along with your completed claim form. If you make a co-payment when you receive medical care, you may submit the EOB or itemized statement showing the date of service, description of service, provider name, patient name and cost.

**If you do not have insurance coverage for health, dental or vision expenses:** please submit an itemized statement showing the date of service, the description of service, provider name and address, patient name, and cost. Canceled checks, credit card receipts, or billing statements showing "previous balance" or "balance forward" are not acceptable.

**Documentation for prescription drugs:** must include the provider name, the date the prescription was filled, the name of the drug, patient name and cost. This information is provided on the pharmacy receipt (script), or you can ask your pharmacist for a report of your prescription drug history for a specific date range. Cash register receipts which only detail a payment for "Rx" are not acceptable.

**Documentation for Over-The-Counter (OTC) medications:** Effective January 1, 2011 OTC medications/drugs will be eligible only if prescribed by a physician. The merchant receipts must clearly identify the merchant name, name of the purchased item, date and cost of the item on the cash register receipt. Quantities purchased must be reasonably able to be consumed during the current plan year. When submitting your receipt, it must accompany the prescription written by your physician for the expense to be eligible.

**Pre-payment of services** is not reimbursable from your FSA since the pre-payment itself is not medical care. You may submit your claim for reimbursement after the service is fully complete.

**Orthodontia claims** may span one or more FSA plan years so reimbursements are provided as the services are performed. Please see our orthodontia reimbursement document for instructions on how these expenses are handled with your FSA.

For a complete list of eligible expenses, please visit <http://hcet.ebia.com/ebri>. **login password: ebene2011**

### Dependent Child or Adult Day Care Expenses

Complete the claim form in full and provide an itemized statement from your provider for work-related expenses. The itemized statement must include the provider's name, address and tax ID number, your dependent's name, as well as the specific dates for which daycare services were provided and the cost of care. Canceled checks cannot be accepted as proof of the expense. Reimbursements can be made for eligible services that have already been provided. Once the service dates have passed, our administration system will release a reimbursement for you up to your year-to-date contributions that may be available to you. IRS regulations require you to report the provider's name, address and tax ID number (or social security number) on Form 2441 to be filed with your personal income tax return.

# Claim Filing Instructions

## Dependent Child or Adult Day Care Expenses (continued)

### Before submitting your claim reimbursement form:

You can expedite your claim by avoiding these common claim-filing mistakes:

- Be sure to sign and date the claim form. If you forget to sign the form, it cannot be processed and must be returned to you for signature.
- Include the appropriate documentation to substantiate your expenses. If multiple items are on the receipt, be sure to circle the ones for reimbursement.
- Be sure that the supporting documentation equals the total you are requesting for reimbursement.
- Keep a copy of your claim and documentation. Information submitted to us will not be returned to you. If additional information is needed, it is helpful that you have copies for reference.
- Don't wait until the last minute to file your claim. You risk missing the claim submission deadline and if you submit incorrect information, there may not be enough time left for you to re-file.
- All claims must be received in our office by 5:00 PM **three business days** prior to your employer's payment processing date in order to be included in that claims batch (mail, fax or email). You may view your FSA and/or DCAP online at [www.myrsc.com](http://www.myrsc.com). Once you are online, you will need to use your social security number (no dashes) and your employer code listed in the login letter that you received from us.

## Term Definitions

**Date of Service:** The date a service or supply was provided to you, regardless of when paid for or when you were billed. Prescription drugs are based on the date the prescription was filled, regardless of when picked up or paid for.

**Documentation:** IRS regulations require that claims be substantiated with appropriate documentation. Documentation includes the insurance carrier explanation of benefits (EOB) statement, itemized provider or pharmacy receipt, and detailed cash register receipt with the merchant name, product name, date and amount for over-the-counter (OTC) medications.

**Expense Incurred:** Expenses must be incurred before being considered for reimbursement. Health care and dependent care expenses are treated as having been incurred when you are provided with the health care or dependent care that gives rise to the expense, and not when you are formally billed or charged for, or pay for the expense.

**Explanation of Benefits (EOB):** The statement is provided to you by your insurance carrier after they have processed your claim. It shows the provider name, patient name, date the service was provided, the amount they paid and what you owe.

**Itemized Statement:** This is used when an individual does not have insurance coverage and will, therefore, not receive an EOB. This can also be used if you simply make a co-payment when you receive medical care or purchase prescription drugs. An itemized statement is a type of billing receipt that documents the service you have received. To be considered fully itemized, it must include the provider name and address, patient name, date the service was provided (regardless of when billed or paid), detailed description of the product or service, and cost.

**Medical Necessity:** Because health care expenses must be for medical reasons, some expenses will require a letter from your physician confirming the diagnosed condition, the type of treatment, why the treatment is medically necessary, and the duration of treatment. This letter must be on the physician's letterhead and include their signature.

**Rx Script:** The pharmacy or prescription receipt received from the pharmacy when they fill a prescription. This shows the pharmacy name and address, patient name, date filled, drug name and cost.

**Work-Related Expense:** Qualifying daycare expenses must be work-related. This means that they are incurred to allow you and your spouse (if married) to work. This does not include expenses you pay while doing volunteer work, or expenses you pay while you are on leave, vacation or out ill.