

# Reimbursement Accounts Claim Filing Guidelines



Follow these guidelines when you submit your claim. They'll help to ensure less paperwork and faster reimbursement.

For each claim, you must send a completed and signed claim form with supporting documentation. Claim forms are available on [pebc.payflex.com](https://pebc.payflex.com).

## Online Claim Filing:

You can file your claim online. It's quick and easy. Log in to [pebc.payflex.com](https://pebc.payflex.com) and under "Account Actions" select **File a claim**. Then complete the required fields to quickly file your claim.

## Paper Claim Filing:

If you prefer to file your claim manually, follow these steps. Claim forms are available on [pebc.payflex.com](https://pebc.payflex.com).

1. Under "Forms", select the form you want to use.
2. Fill out and print the correct claim form for your account and expense type.
3. Complete all sections.
4. Sign and date the claim form. **Note:** If you send in an incomplete or unsigned form, it will delay your payment.
5. Include the supporting documentation for all expenses on the claim form. (See the following sections for more information.)
6. Mail or fax entire submission to the address or fax number listed on the claim form.

Keep a copy of your entire claim submission. We will not return any of this paper work to you. You may need to refer to this information.

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## Basic Claim Information:

We can only reimburse eligible medical expenses\* after you have received the care or service. This is when you have incurred the expense. This is true even if you have already paid, or have been billed or charged, for the service. The Internal Revenue Service (IRS) requires that you incur the eligible expense before you can be reimbursed. Example: If you purchase a product (e.g., eyeglasses, durable medical equipment, etc.), the incurred date is the date that your provider submitted the order.

If you send in a claim for a service that you have not yet received, we will deny the claim. Once you do incur the expense, you can resubmit the claim. Please see the next section to know what type of supporting documentation is required for your expenses.

\*IRS guidelines require that eligible medical expenses include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons generally are not expenses for medical care. Also, expenses that are merely beneficial to one's general health, like weight loss programs, are not expenses for medical care. **If you are unsure of an expense, please refer to the common list of eligible and ineligible expenses at [pebc.payflex.com](https://pebc.payflex.com).**

**Please Note:** All spending accounts have limitations and exclusions. This information is general in nature for informational purposes only. Please refer to your plan documents for information specific to your plan.

## **Health Care Spending Account Claims** for a *general purpose Flexible Spending Account (FSA) or Limited Purpose FSA*

**If you have medical, dental, prescription drug or vision insurance coverage**, you must first submit the expense to your insurance plan. Once your insurance plan has made its decision, you'll receive an Explanation of Benefits (EOB). The EOB will show how much you have to pay for the expense. You can then submit your claim for reimbursement. Include the EOB with your claim.

If you have more than one insurance plan, you'll need to first submit the expense to all the plans. This is Coordination of Benefits (COB). You'll need to submit all of the EOBs for each expense.

**If you do not have insurance coverage** for the expense, or if you are covered by a Dental HMO (DHMO) Plan, you must include an itemized receipt or statement from the provider. The itemized receipt or statement must include:

- Provider name and address
- Patient name
- Description or Type of service
- Date of service (not date of payment)
- Dollar amount charged for the expense

**Note:** If you don't include the itemized receipt or statement, your claim will be denied. We cannot use a cancelled check, credit or debit card receipt, or billing statement that shows "previous balance", "balance forward", or "estimated, filed and pending insurance" as documentation.

**Note:** If you are covered by a DHMO Plan, write "DHMO" on your itemized receipt or statement from the provider when you submit your claim.

**Note:** For eligible expenses ordered from a medical, vision, dental, over-the-counter or pharmacy online vendor, the Provider's online URL website address satisfies the Provider Name and address requirement.

**Documentation for prescription drugs** must include:

- Provider name and address
- Patient name
- Date the prescription was filled or ordered
- Prescription drug name or number
  - > Prescription drug name (required for certain Limited Purpose FSA Accounts)
- Dollar amount charged for the prescription

### **Where to find documentation for prescription drugs**

**Retail Pharmacy/Home Delivery/Specialty Pharmacy** - You'll find this information on the pharmacy itemized receipt. You can also ask the pharmacy for a printout of your prescriptions for a specific time period. If you use a cash register receipt, it must clearly show that it's for a prescription medication (e.g., prescription, RX, RX with corresponding RX number).

**Prescription Benefit Manager (PBM)** - If your health plan uses a PBM for prescription drug services, you were required to submit a valid prescription to the pharmacy before the prescription could be filled. The PBM's website prescription information, which shows the history of your filled prescriptions and the required documentation for prescription drugs, can be used as prescription drug claim substantiation. You do not have to submit additional copies of receipts or prescriptions if your PBM history lists all required prescription drug documentation.

**The receipt for eligible over-the-counter (OTC) items including OTC drugs and medicines** must clearly identify:

- Merchant name and address
- Name of the eligible purchased OTC item
  - > If receipt does not have the full name of the product, you may submit one of the following:
    - complete product label with the purchase price
    - complete product label and receipt with the purchase price
- Date purchased
- Amount charged for the eligible OTC item (see also below for 'eligible OTC drugs and medicines')

**Note:** You do not need a prescription for certain OTC items and supplies such as bandages, braces & supports, contact lens solution and supplies, home diagnostic tests & monitors, insulin & diabetic supplies, reading glasses, wheelchairs, walkers and canes, etc.

**To receive reimbursement for certain OTC drugs and medicines** you must have a written prescription from your health care provider. Unless you are submitting your claim with your PBM detail, you must include the following with your claim:

- Copy of your prescription for the eligible OTC drug or medicine. The prescription must include the following information:
  - > Date and signature of the health care provider
  - > Patient Name
  - > Name of the eligible OTC drug or medicine
- Itemized receipt (see above under documentation requirements for eligible over-the-counter (OTC) items).

**Note:** You must have the prescription before you buy the OTC drug or medicine. The purchase date must be within one (1) year of the date of the prescription. If the prescription includes a specific time period for you to have the OTC drug, then you must make the purchase by that date.

For OTC items such as vitamins and supplements, you need a Letter of Medical Necessity (LOMN). These are items that are generally used to maintain good health and not to treat a medical condition. See the Letter of Medical Necessity (LOMN) section below for more information.

**To receive reimbursement for Orthodontia expenses**, you must include the **orthodontia treatment contract** with your first claim for this service. The treatment contract must include:

- Patient Name
- Total Case Fee
- Estimated Insurance Benefits
- Initial down payment
- Start date or Banding date
- Duration or Length of treatment
- Monthly payment
- Proof of full payment for the orthodontic services
- You must also include the **itemized statement, ledger or receipt from the orthodontist**. This statement must show the monthly charge and/or payment.

You may set up your orthodontia payments for **automatic monthly reimbursement**.

- When you submit your orthodontia treatment contract with your first claim, you may check the Automatic Monthly Reimbursement box on the claim form.
- If you choose this option, we'll automatically reimburse you each month, according to the contract amount. You won't need to submit a claim every month.

**Medical Travel Expenses may include parking, mileage, travel, meals and lodging.** Refer to the information below for the type of expense you have. Expenses must be primarily for and essential to eligible medical care.

- Parking or mileage needed to receive medical care:
  - > **Parking** – You’ll need to include the parking receipt *and* documentation of the medical care. This can be an EOB or itemized receipt.
  - > **Mileage** – On the claim form, enter the total number of miles as a separate expense. Multiply the round trip miles by the per-mile medical rate that the IRS allows. You’ll need to include documentation of the medical care with the mileage claim form, which is typically an EOB or itemized receipt.
  
- Travel and Transportation:
  - > **Travel** expenses must be for the care of a specific medical condition. An example of an eligible travel expense is the cost of airfare for care at a hospital that specializes in your medical condition.
  - > When submitting the claim you must include documentation of the medical condition and the need for the travel.
  
- Meals and Lodging:
  - > **Meals** – You can claim the cost of meals that are part of in-patient care. This includes meals at a hospital or other facility as long as the main reason for being there is to receive medical care.
  - > **Lodging** – The cost of lodging is limited to \$50 per night per person, up to a total of \$100 per night. You can include lodging for a person who is traveling with the person needing the medical care. This includes a parent traveling with a sick child or travel to be with a sick spouse.

**The Letter of Medical Necessity (LOMN)** is available on [pebc.payflex.com](http://pebc.payflex.com). Under “Forms,” click on **Letter of Medical Necessity**.

Under IRS rules, expenses must be for medical care. However, some expenses may be partly medical and partly personal. These are “dual-purpose expenses”. For these expenses, we need documentation from the doctor – a doctor’s note – that a product or service is recommended to treat a specific medical condition. This is a Letter of Medical Necessity (LOMN). **Note:** You’ll have to submit the LOMN with your claim. A LOMN does not guarantee that your claim is eligible for reimbursement.

- The LOMN must:
  - > Be written, signed and dated by a licensed health care provider
  - > State the diagnosed medical condition
  - > State the recommended treatment
  - > State the duration of treatment\*
  - > State the patient’s name
  
- Some common examples of a dual-purpose expense needing a LOMN are:
  - > Massage therapy
  - > Exercise equipment or gym membership
  - > In-home spa
  - > Vitamins and Supplements

\* A Letter of Medical Necessity (LOMN) is good for one (1) year from the date it was written. You are responsible for obtaining another LOMN if needed to reimburse claims.

### **Limited Purpose FSA Claims (if you are enrolled in a high deductible medical plan - HDHP) – additional information**

The limited purpose FSA may reimburse for eligible expenses. Please refer to your plan documents for eligible expenses.

Eligible out-of-pocket expenses **while meeting HDHP deductible:**

- **Vision** – Includes LASIK surgery, contact lenses and solution, lubricant eye drops, eyeglasses to correct vision or for reading, and eye patches.
- **Dental** – Includes fillings, dentures and denture adhesive, extractions, dental x-rays, caps, crowns, fluoride treatments, implants, toothache relief, and orthodontia (i.e., braces).

Eligible out-of-pocket expenses **after meeting HDHP deductible:**

- **Vision** – Includes LASIK surgery, contact lenses and solution, lubricant eye drops, eyeglasses to correct vision or for reading, and eye patches.
- **Dental** – Includes fillings, dentures and denture adhesive, extractions, dental x-rays, caps, crowns, fluoride treatments, implants, toothache relief, and orthodontia (i.e., braces).
- **Medical Coinsurance** – Includes your coinsurance cost for eligible medical and pharmacy expenses, after the deductible is met until you reach the maximum annual out-of-pocket cost. Before you submit a claim for out-of-pocket medical coinsurance, you must include a copy of an EOB that clearly shows your HDHP deductible is met.

### **Dependent Care Spending Account Claims (Child or Adult):**

You can be reimbursed for eligible day care expenses to allow a parent to work or attend school for a “qualifying person.” A qualifying person is your child under age 13 or an older dependent or spouse who is not capable of self-care. You can find more information about qualifying persons in IRS Publication 503. Go to [www.irs.gov](http://www.irs.gov).

There are two ways to submit Dependent Care claims. The required information is listed below for each claim submission type.

1. Claim form only
  - > Complete all requested information including Employee and Expense. Pay special attention to:
    - > Date of Service\*\*
    - > Caregiver information (both Printed Name, Signature and Relative are required)
    - > Employee signature
2. Claim form with itemized statement or receipt
  - > Complete all requested information including Employee and Expense.
  - > Employee signature
  - > Include itemized statement or receipt\*which includes:
    - > Provider name
    - > Qualifying person name
    - > Date of Service\*\*
    - > Amount charged for the care services

\*We cannot accept a canceled check or a debit or credit card receipt as documentation.

\*\*We can only reimburse eligible expenses after you have received the care or service. This is when you have incurred the expense. This is true even if you have already paid, or have been billed or charged, for the service.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer’s Summary Plan Description (“SPD”) for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to [payflex.com](http://payflex.com).