

HEALTHCARE EXPENSE CLAIM FORM

Employer: _____

Employee: _____

E-Mail or Telephone: _____

Name of Dependent/Patient	Description of Expense	Date Service Rendered	Amount Submitted
TOTAL:			\$

I authorize the above expenses to be reimbursed from my Health FSA account. To the best of my knowledge, my statements in this Form are true and complete. I certify all of the following: Either I, my Spouse or my Dependent has received the services described above on the dates indicated, and the expenses qualify as valid Medical Care Expenses under Code § 213(d), as further defined in the Health FSA Plan document (the "Plan"). These expenses have not previously been submitted for reimbursement under the Plan. They have not been reimbursed under this Plan or any other plan, and I will not seek reimbursement for them under a major medical plan or any other health plan. These expenses are for medical care excluding cosmetic purposes, are not incurred for general health purposes, and do not constitute toiletries. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit. I also understand that I may be asked to provide further details about some expenses (e.g., a statement from a medical practitioner that the expense is to treat a specific medical condition or a more detailed certification from me).

Employee's Signature: _____ Date: _____

INSTRUCTIONS

1. **All receipts must include the date of service, name of patient, name of service provider, type of service and cost to patient.**
2. Attach a copy of the Explanation of Benefits (EOB) statement from an insurance company. Submit other bills or receipts for medical care that is not covered by any Group Health Insurance Plan.
3. For prescriptions, submit the slip the pharmacist attaches to the bag.
4. Cash register receipts can only be submitted for items used for over-the-counter remedies needed to treat an illness, disease or injury including contact lens cleaning solutions and medical equipment. Vitamins and nutritional supplements cannot be reimbursed except when prescribed to treat a specific illness, disease or injury.
5. Do not submit proof of payment such as credit card receipts as they do not include the documentation required in Item #1.
6. You may submit claims for any expenses incurred during the plan year (or since you enrolled in the Plan). You may continue to submit claims for this period of time for 90 days after the end of the plan year or following your termination of employment.
7. You can claim **ONLY** expenses incurred during a Plan year. If a service commences in one plan year and ends during the next plan year, you must submit two separate claims: one for all services rendered during each plan year.

Claims are due the 18th of each month