



# Health Care Flexible Spending Account (FSA) Claim Reimbursement Instructions

## HEALTH CARE EXPENSES:

- **Health Care Expenses Include:**
  - Amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease.
  - Treatments affecting any part or function of the body.
- *Expenses solely for cosmetic reasons or for general health and well-being are not usually eligible expenses for medical care.*
- *Do not submit expenses previously paid for with your FSA debit card.*

## SUPPORTING DOCUMENTATION: *Supporting third-party documentation for health care expenses must include at least one of the following:*

- **Explanation of Benefits (EOB)**
  - The statement you receive each time a claim is submitted to your health, dental or vision plan.
- **Itemized Statement or Receipt Containing:**
  - Type of service or product provided (*include prescription name, if applicable*);
  - Date the expense was incurred;
  - Name of the employee/dependent for whom the service/product was provided;
  - Person/organization providing the service/product;
  - Amount of the expense after insurance benefits were provided (*if applicable*).

## INELIGIBLE EXPENSES AND DOCUMENTATION : *The following are not allowable under Code Section 125 of the IRS:*

- **Unacceptable Documentation:**
  - Credit card receipts or cancelled checks as documentation.
  - Billing statements showing “Previous Balance,” “Balance Forward,” or “Received on Account.”
- **Ineligible Expenses:**
  - Amount paid by insurance.
  - Services for weight loss, home improvements, plastic surgery, and diet counseling are not eligible expenses unless they are medically necessary. A physician’s letter of medical necessity is required for these services.

## BEFORE YOU SUBMIT YOUR HEALTH CARE REIMBURSEMENT CLAIM FORM PLEASE BE SURE TO:

- Complete the claim form in full.
- Sign and date the claim form.
- Include the appropriate documentation, including the EOB whenever possible, to substantiate your expenses.
- If multiple items are listed on a receipt, **CIRCLE** the items filed for reimbursement.  
**DO NOT highlight the items.**
- Make sure supporting documentation equals the total amount you are claiming for reimbursement.
- Keep a copy of your claim form and any original receipts for your records.