



Flexible Spending Accounts Claim Submission Guidelines

In an effort to consistently improve the service we provide our members, we have created a checklist to help you submit your FSA claim. By following the simple steps outlined below you will provide us with the essential information we need to process your claim quickly without requesting additional information. You will also have detailed documentation of your claim, which you will need in the event of an IRS audit.

Health Care Claims

1. When submitting a claim for reimbursement that is partially covered by your medical or dental insurance carrier (Aetna U.S. Healthcare or other carrier), you must:

Include the Explanation of Benefits (EOB), which indicates the out-of-pocket expense amount.

2. When submitting a claim for reimbursement for which no portion of the expense is covered by your medical or dental insurance carrier (Aetna U.S. Healthcare or other carrier), you must:

Include an itemized bill, receipt or statement from the provider containing:

- the provider's name and address
- the date(s) of service
- the type of service
- the dollar amount charged

3. When requesting reimbursement for prescription drugs, medical equipment, vision services or specialized therapy you must include the following:

Prescription medication – A receipt which provides the patient's name, the prescription number, the prescription name, and dollar amount.

Medical equipment – A letter/note from the physician prescribing the equipment as treatment for a specific condition, (e.g., glucose monitor for diabetes).

Vision services – An itemized receipt for glasses and/or contact lenses. Claims for enzyme cleaners and lens solutions must be accompanied by a receipt identifying the brand name, or type of item purchased.

Specialized therapy – A letter/note from your physician prescribing the therapy as treatment for a specific medical condition.

Orthodontia/Maternity Pre-Paid Services

When requesting reimbursement for orthodontia/maternity pre-paid services you must include:

Completed claim form – indicating the service date/year, and dollar amount from which to debit your account.

Proof of payment – a canceled check, bill from the provider indicating payment(s), or credit card receipt.

Documentation – **Orthodontia** – you must include your Explanation of Benefits (EOB) from your dental insurance carrier or your treatment contract.

Maternity – you must include your EOB from your medical insurance carrier which indicates your out-of-pocket expense amount.

Dependent Care Claims

Claims for dependent care must be submitted with a receipt or statement from the daycare provider that substantiates the request for reimbursement.

The "third party" (provider) documentation must include:

- the name of the provider (e.g., Tiny Tots Daycare or Lena Vanhorn)
- the address of the provider (usually found on all commercial care provider statements)
- the dates of service
- the amount claimed
- Social Security Number or Tax Identification number of the provider

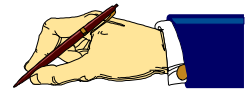
Examples of documentation:

1. Commercially prepared/business-generated statement or receipt (commonly use by larger daycare facilities)
2. General receipt pad*
3. Handwritten or typed note (this can be generated by the provider or member)

* When using a general receipt pad or note, it is recommended that the provider sign the document. The signature is not required; however, including the signature eliminates any ambiguity regarding the IRS's 'third party' documentation rule.

EXCEPTION: Aetna U.S. Healthcare allows an exception to the above 'third party' documentation rule when care is provided by a relative. When daycare is provided by a relative, your canceled check may be used as documentation; however, if you pay the relative in cash, you must include a receipt. PAYMENT TO RELATIVE should be indicated on each claim form submitted.

CHECKLIST FOR SUBMITTING YOUR FSA CLAIM



IS YOUR FORM COMPLETE?

HAVE YOU REMEMBERED TO...

- Include** your name and clearly identify your Social Security Number.
- List** expenses for each family member (Dependent Care claims require the name and age of each dependent).
- Attach** all pertinent documentation for each expense. It is not necessary to send multiple receipts for the same expense.
- Indicate** your requested reimbursement amount if different from your receipt totals.
- Sign** your claim form.

Helpful Hints

1. When submitting expenses for two plan years, it is helpful to separate your claims by plan year. This helps to speed the processing of your claim and eliminates the possibility of keying errors.
2. Organize small receipts by individual family member and attach them to a plain sheet of paper. This allows our processors to quickly verify each member's expense amount(s).
3. When submitting Dependent Care expenses for multiple dependents, indicate a requested amount for each child. When submitting expenses for multiple dependents using two (or more) separate care providers, be sure to indicate a requested amount for each child and attach the appropriate claim documentation for each expense.
4. For Dependent Care expenses, you can (if you desire), request reimbursement of only the portion of a submitted claim that equals your monthly reported contribution. If your submitted claim exceeds your monthly contribution and you do not designate an amount, the system will 'pend' the unpaid portion of the claim and will automatically generate a payment on your plan's next scheduled payout date, assuming that additional contributions are received.

Reminders

Do not send "Balance Due" or "Balance Forwarded" statements. Send original documentation.

Do not include or submit prepaid expenses or claims with future dates of service. IRS regulations require reimbursement of Health or Dependent Care expenses on an 'incurred service' basis. Incurred service is defined as "when the member receives the service, not when the member is formally charged, billed, or pays for the service."

All claims must be filed by your plan's "claim submission date." This date is available from your plan sponsor and is provided on Member Welcome statements, FSA Member Account Activity statements, and Aetna U.S. Healthcare's Voice Response Unit (VRU) when accessing prior-year information.*

* Distribution of Member Welcome & Account Activity statements is an elected administrative option and can vary for each plan.

Aetna U.S. Healthcare's standard Health Care and Dependent Care claim forms and claim submission guidelines are available on the Internet at: www.aetnaushc.com/products/fsa