

FLEX PLAN REIMBURSEMENT PROCEDURES



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DEPENDENT CARE REIMBURSEMENT:

1. To initiate a Dependent Care Reimbursement, first complete a Dependent Care Registration Statement for all childcare providers that are being claimed for pre-tax reimbursement.
2. Fill out Part III of the Flex Reimbursement Voucher and attach eligible documentation stating the Dependent Care provider, the Dates of Service(s) and the amount charged for care.
3. Submitted receipts will be reimbursed up to the current available balance of the dependent care account.

Overnight Camps and Sport Training/Lesson are NOT eligible expenses

The Dependent Care Registration Statement needs to be completed PRIOR to a Dependent Day Care reimbursement claim being approved and reimbursed

HEALTH EXPENSES REIMBURSEMENT:

The IRS substantiation rules for medical claims reimbursements are very specific. It is based on medical validity, dates of incurred services (not payment dates) and proof that the claim was not elsewhere reimbursed. You need to submit **ALL** documentation to support this. **Credit Card/Bank Statements are not sufficient and will no longer be accepted. EOB's and Prescription Summaries are accepted forms of documentation.**

Proper documentation includes a Flex Reimbursement Voucher AND documentation that provides the following information:

Doctors, Specialists, and Hospital Visits need the following:

- Patient's Name (who received services?)
- Doctor's Name (who performed services?)
- Date of Service (date the service was performed; "payment date" & "balance forward" are not eligible)
- Service Rendered (what did the doctor do?)
- Insurance Reimbursement (what portion is insurance reimbursing? This can be found on an Explanation of Benefits (EOB) from your Insurance Provider if it is not on your doctor's bill. If you decided not to submit for insurance reimbursement, you must send a letter indicating and certifying.)

Prescriptions:

- Name of Patient (person drug is for)
- Name of Doctor (who prescribed the drug)
- Date Filled (date the pharmacy filled the script)
- Name of Drug (e.g., Allegra, Vioxx, Concerta)
- Insurance Reimbursement (usually says "Insurance Pays \$**. ** - You Pay \$**. **)

VITAMINS, SUPPLEMENTS, AND HERBAL MEDICINES ARE NOT REIMBURSABLE WITHOUT APPROVED LMN

OVER-THE-COUNTER MEDICAL ITEMS ARE REIMBURSABLE WITHOUT A PRESCRIPTION