

HOW TO SUBMIT YOUR FSA CLAIM

In order to receive reimbursement from your Flexible Spending Account for medical and dependent care expenses, you must submit a claim to Human Resource Administrators, Inc. All claims will be carefully reviewed. If an expense is not eligible for reimbursement, a letter outlining the reason for denial will be generated. Please follow the guidelines below:

TO CLAIM MEDICAL EXPENSES

1. Complete the *Medical Care Expense Claims* portion of the Claim Form.
 2. Attach receipts, itemized bills or E.O.B.'s to support each expense. All documents must provide the following information:
 - Name of Service Provider (ex. Dr. Smith, ABC Hospital, XYZ Pharmacy, etc.).
 - Date of Service – Must occur during the plan year; Date of payment is not acceptable.
 - Nature of Service – Description of service performed or product purchased.
 - Name of Person Cared For.
 - Amount Charged for service or products – do not include amounts covered by insurance.
 - **Prescription drug receipts** must show date filled (not paid), prescription name, person for whom the drug is prescribed and charged amount. Cash register receipts alone are not acceptable.
 - **Over The Counter medicines** – check our website for qualified medicines. Dual purpose items must include a physician's letter of medical necessity including diagnosis and treatment plan. Receipts must include information as listed above for Prescription drug receipts.
 3. Sign and date the Claim Form. Mail or fax Claim Form and receipts to HRA, Inc.
- NOTE:** Canceled checks or credit card receipts are not accepted as adequate documentation.

TO CLAIM ORTHODONTIC EXPENSES

- ONCE EACH YEAR**, send a copy of the original contract made with your orthodontist. The contract must list the total contract amount, any down payments, and the schedule of monthly payments.
1. Complete the *Medical Care Expense Claims* portion of the Claim Form. *See instructions above.*
 2. Sign and date the Claim Form. Mail or fax Claim Form and receipts to HRA, Inc. for review.
- NOTE:** Reimbursement for the entire expense “up-front” is not allowable since orthodontic treatments usually span over several plan years. Scheduled payments will be made in accordance to services incurred in the current plan year.

TO CLAIM DEPENDENT CARE EXPENSES

1. Complete the *Dependent Care Expense Claims* portion of the Claim Form.
 2. Attach receipts to support your expenses—**OR**—Have the daycare provider sign the claim form. If you choose to attach receipts, all receipts must provide the following information:
 - Name and Address of Service Provider.
 - Taxpayer Identification Number (EIN)—**OR**—Social Security Number of Service Provider,
 - Date(s) of Care – Services must be provided during the current plan year.
 - Name of Person Cared For.
 - Amount Charged for care – paid amount are not acceptable.
 3. Sign and date the Claim Form. Mail or fax Form and receipts to HRA, Inc. for review.
- NOTE :** Canceled checks or credit card receipts are not accepted as adequate documentation. Expenses that are pre-paid will not be reimbursed until **AFTER** the date of actual care.

MAIL or FAX Claim Form & Receipts to:
Human Resource Administrators, Inc.
 PO Box 8, Center Valley, PA 18034
 FAX: (610) 282-4216

Need More Claim Forms?
 Go to www.hradministrators.com
 ☞ Click on **Forms**, then **Participants** ☞
 or call us at (610) 282-4215

All claims received by Friday (5:00 p.m. EST) will be processed by the following Friday.