



Flexible Spending Accounts Claims Submission Guidelines

In an effort to consistently improve the service we provide our members, please comply with the following claims submission guidelines. A completed Flexible Spending Account Health Care and/or Dependent Care form is required for each claim submission.

HEALTH CARE CLAIMS

MEDICAL OR DENTAL CLAIMS WITH primary/secondary insurance coverage	MEDICAL OR DENTAL CLAIMS WITHOUT primary/secondary insurance coverage
<p>Please include an Explanation of Benefits (EOB) to indicate the out-of-pocket expenses.</p>	<p>Please include an itemized bill or receipt from the provider that includes the following:</p> <ul style="list-style-type: none"> • patient's name • type of service • provider's name and address • dollar amount • date(s) of service
PRESCRIPTION DRUG CLAIMS	VISION SERVICE CLAIMS
<p>Please include an itemized bill or receipt from the provider that includes the following:</p> <ul style="list-style-type: none"> • patient's name • prescription name and number • provider's name and address • dollar amount • date(s) of service 	<p>Please include an itemized receipt for glasses and/or contact lenses that includes the following:</p> <ul style="list-style-type: none"> • patient's name • type of product • provider's name and address • dollar amount • date(s) of service <p><u>Note:</u> Claims for enzyme cleaners and/or lens solutions must be accompanied with a receipt that identifies the type and brand name of the purchased product.</p>
MEDICAL EQUIPMENT CLAIMS	THERAPY CLAIMS
<p>Please include an itemized bill or receipt for the equipment and a physician's note that includes the following:</p> <ul style="list-style-type: none"> • patient's name • type of equipment • provider's name and address • dollar amount • date(s) of service <p><u>Note:</u> Medical equipment claims must also include a letter of medical necessity from the attending physician that prescribes the equipment (e.g., glucose monitor for diabetes) as treatment for a specific medical condition.</p>	<p>Please include an itemized receipt for therapy and a physician's note that includes the following:</p> <ul style="list-style-type: none"> • patient's name • type of therapy • provider's name and address • dollar amount • date(s) of service <p><u>Note:</u> Therapy claims must also include a letter of medical necessity from the attending physician that prescribes the therapy as treatment for a specific medical condition.</p>
PRE-PAID ORTHODONTIA SERVICES	PRE-PAID MATERNITY SERVICES
<p>Please include a completed claim form indicating the pre-paid date, year and dollar amount. Documentation must include the orthodontia contract and proof of payment that can include: a canceled check, bill/receipt from the provider indicating payment(s), or a credit card receipt.</p>	<p>Please include a completed claim form indicating the pre-paid date, year, and dollar amount. Documentation must include an EOB and proof of payment that can include: a canceled check, bill/receipt from the provider indicating payment(s), or a credit card receipt.</p>

DEPENDENT CARE CLAIMS

(The following options may be utilized to submit a dependent care claim.)

OPTION ONE	OPTION TWO
<p>Provide a completed claim form that includes the signatures of both the daycare provider and the member.</p>	<p>Provide a completed claim form with third-party documentation containing:</p> <ul style="list-style-type: none"> • the name and address of the provider • the provider's Social Security number/tax identification number • date(s) of service • the dollar amount

HAVE YOU REMEMBERED TO.....

- ✓ Complete all applicable sections?
- ✓ Include the FSA control number that can be found on your Explanation of Payment and/or the FSA Member Account Activity Statement?
- ✓ Sign your claim form?
- ✓ Include original documentation?

HELPFUL HINTS

When submitting dependent care expenses for two or more dependents, list the submitted amount separately for each dependent on the claim form.

When using two or more dependent care providers, expenses need to be submitted on separate claims forms.

- ✓ Organize small receipts by individual family member and attach them to a plain sheet of paper.
- ✓ When submitting expenses for two plan years, it is helpful to separate your claims by plan year.
- ✓ Balance-due or balance-forward statements are not acceptable.
- ✓ All claims must be filed by your plan's "claim submission date." This date is available from your plan sponsor and is provided on FSA Member Account Activity Statements.
- ✓ Do not include or submit prepaid expenses or claims with future dates of service. IRS regulations require reimbursement of Health or Dependent Care expense 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."

Aetna standard Health Care and Dependent Care claim forms and claim submission guidelines are available on the Internet at **www.aetna.com/FSA**.