
How To File A Health Care Spending Account Claim

- **Step One**
 - **Complete the Employee Information Section** of the claim form
- **Step Two**
 - **Complete the section titled List of Reimbursable Expenses**
 - **Attach one or both of the following** as supporting documentation to your claim:
 - **Fully Itemized Bills** including dates of service, name of claimant, type of service, and cost of service, from doctor, dentist, pharmacy, or other provider of service, showing any third party payment made on account. **If a receipt is submitted for a service that would generally be covered by Health Insurance, then an Explanation of Benefits will be required.**
 - **Explanation of Benefits** indicating deductible, co-insurance, and ineligible amounts not covered by any health plan under which you and/or your eligible dependents are covered.
 - *Services will not be reimbursed based upon an Insurance estimate, or prior to services being rendered.*
- **Step Three**
 - **Sign and date** the section titled Authorization
- **Step Four**
 - **Retain copies** of the entire claim form and supporting documentation for your records. Those submitted will not be returned to you.
- **Step Five**
 - Send the fully completed claim form and supporting documentation to:

Spending Account Service Center
FSA Claims Processing
2300 Renaissance Boulevard
King of Prussia, PA 19406
Or fax your claims to 1-800-595-4642

**Please file your claim promptly, in the plan year in which charges were incurred if possible. It is not necessary to accumulate your claims and submit only at year-end. That way, if additional information is needed, it can be requested as soon as possible.*

Please visit www.EnrollOnline.com to view your claim and check status. Access information is provided on your Welcome Letter.

Types of Reimbursable Expenses

Reimbursable expenses can include, but are not limited to, the following examples:

- Office Visit Copays
- Prescription Copays
- Routine Eye Exams – Eye Glasses and Contact Lenses
- Dental Care not covered by insurance (not including routine hygiene products)
- Insurance deductibles and coinsurance
- Over-The-Counter Eligible Medical Care Items (With Letter of Medical Necessity)
- Orthodontics, based upon the Original Orthodontic Contract

For more information on eligible expenses under your Health Care Spending Account, please refer to IRS Code: Title 26, Section 213 issued by the Department of Treasury/Internal Revenue Service, which may be obtained at most public libraries.

For questions regarding your Health Care Spending Account, please call us at 1-800-580-6854.