Spending Account Service Center

Orthodontia Claim Form

Employee Information

Employer Name			
Name	Date of Birth	Employee ID Number	
Street Address (❑ New Address)	City	State	Zip Code
Contact Information (Phone or Email)			

UNREIMBURSED ORTHODONTIA EXPENSES

Name	Relationship to Employee	Date of Birth	Does your dental insurance plan cover orthodontia?
	☐Self ☐Spouse ☐Child ☐Other		☐ Yes ☐ No

Orthodontist's Name:

Address:

Orthodontist's Signature: Date:

Breakdown of Orthodontia Expenses

Total Treatment Cost $_____
Less total insurance maximum -_____
Patient's Responsibility =_____
Patient's Down Payment -_____
Patient's Balance $_____
Discount -_____
Patient's Balance $_____

Orthodontia Start Date : _____/_____/_____
Down Payment Paid Date: _____/_____/_____

Estimated Length of Treatment: _____ months

Patient's Balance divided by treatment months:
$_____/_____=$_____ monthly

Patient's Responsibility if paid up front:
$_____

Amount of Reimbursement Being Requested

Total reimbursement requested: $_____

- ❑ Monthly Payment
- ❑ Patient's Down Payment
- ❑ Patient's Total Responsibility

Other:_____

PROCESSING ORTHODONTIA CLAIMS

Authorization

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for myself and/or my legal dependent(s). Please note that domestic partners and their children are not eligible unless they are also legal dependents. I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount of expenses requested above and the total amount of the attached receipts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

Signature: _____ Date: _____

The IRS recognizes reimbursement of expenses based on dates of service.

As orthodontia takes place over time, service dates are based on a monthly allowance and can only be applied to the months in the appropriate plan year as they occur.

Full Reimbursement of expense can be made 'up front' ONLY if the payment is made in full, prior to the treatment beginning and the payment is made within the current plan year.

How to File an Orthodontia Claim

- **Step One**
  - Complete the Employee Information Section of the claim form.
- **Step Two**
  - Complete the section titled Unreimbursed Orthodontia Expenses
  - Name of the participant or dependent receiving the treatment
  - Relationship to Employee
  - Date of Birth
  - Dental Insurance
- **Step Three**
  - Complete section requiring Orthodontist Name, Address and Signature if you are using this form in place of submitting the orthodontia contract/truth and lending statement, itemized receipts and/or explanation of benefits from your insurance carrier showing the lifetime maximum amount for Orthodontia.
- **Step Four**
  - The Orthodontist is to complete the section titled Breakdown of Orthodontia Expenses.
- **Step Five**
  - Completed the section titled Amount of Reimbursement Being Requested.
- **Step Six**
  - Retain copies of the entire claim form and supporting documentation for your records.
  - Documents submitted will not be returned to you.
- **Step Seven**
  - Fax the fully completed claim form and supporting documentation to fax number **1-800-595-4642**.
  - The forms and supporting documentation may also be mailed to:

Spending Account Service Center
FSA Claims Processing
2300 Renaissance Boulevard
King of Prussia, PA 19406

**Please file your claim promptly, within the plan year in which charges were incurred, if possible. It is not necessary to accumulate your claims and submit only at year-end. Promptly submitting claims allows additional information to be requested of you as soon as possible.*

Please visit www.EnrollOnline.com™ to view your claim and check status. Access information is provided on your Welcome Letter. For questions regarding your Flexible Spending Accounts, please call us at 1-800-580-6854.