

FILING A REIMBURSEMENT CLAIM

- ◆ Please separate all receipts for each family member. Documentation must include service dates, service description and charges for services received. Do not attach a balance forward bill, cut-off and/or shut-off notices or collection agency letters.
- ◆ Combine all like reimbursement requests. For example, if you are submitting several health care receipts for reimbursement, enter the range of dates over which the purchases were made and the total of all the receipts on the health care line:

Total Health Care Reimbursement Requested From: 4/1/12 To: 4/16/12 \$234.56

- ◆ Service dates must be within the fiscal year (Oct 1—Sep 30) to be eligible expenses.
- ◆ If your claim is covered by insurance, an explanation of benefits must accompany the reimbursement form along with your statement and/or a receipt that clearly identifies your co-pay amount.
- ◆ If the reimbursement requested is not covered by insurance, the reimbursement form must be accompanied by a bill or receipt showing date, service and charges. This is adequate documentation of the expense, as long as there is no reference to insurance coverage on the bill or receipt.

REIMBURSEMENT REQUEST CHECKLIST

	Reimbursement Form	Itemized Invoice or Statement	Explanation of Benefits	Co-Pay Receipt	Itemized Cash Register Receipt or Other Proof of Payment
⇒ Insured Expenses					
Health Care	✓	✓	✓	✓	
Orthodontics	✓	✓	✓	✓	
Auditory Devices	✓	✓	✓	✓	
Special Medical Equipment	✓	✓	✓	✓	
Disabled/Elder Care	✓	✓	✓	✓	
Burial	✓	✓			
⇒ Uninsured Expenses					
Health Care	✓	✓			✓
Orthodontics	✓	✓			✓
Auditory Devices	✓	✓			✓
Special Medical Equipment	✓	✓			✓
Disabled/Elder Care	✓	✓			✓
School Expenses	✓				✓
Utilities	✓	✓			✓
Burial	✓	✓			✓

We will make every effort to process your claim promptly and accurately. However, we need your assistance to ensure that the information you send us is complete so there will be no delay processing your claim that may result in your claim being returned to you.