Claims Submission: Questions & Answers

1. What do I need to submit to get my money back, quick???

The IRS substantiation rules for medical claims reimbursements are very specific. It is based on medical validity, dates of incurred services (not paid claim dates!) and proof that the claim was not elsewhere reimbursed. You need to submit ALL of the documentation to support this.

2. What is the necessary documentation, exactly?

Doctors, Specialists, and Hospital Visits need the following:

- Patient's Name (who received services?)
- Doctor's Name (who performed services?) or Service Provider
- Date of Service (date the service was performed)
- Service Rendered (what did the doctor do? When in doubt get a diagnosis code!)
- Insurance Reimbursement (what portion is insurance reimbursing?) This can be found on an Explanation of Benefits (EOB) from your Insurance Provider if it is not on your doctor's bill. If you decided not to submit for insurance reimbursement, you must send a letter indicating and certifying to that fact.

Dental Visits / Orthodontia:

- An Explanation of Benefits (EOB) showing the date of service, services rendered, amount charged and amount the insurance paid. A statement from the dentist will suffice as long as it has all the required information above.

Vision:

- A valid receipt showing the date of service, services rendered and amount paid for glasses, contact lenses, contact solution, prescription sunglass, Lasik surgery etc. after insurance reimbursement.

Prescriptions:

- Name of Patient (person drug is for)
- Name of Doctor (who prescribed the drug)
- Date Filled (date the pharmacy filled the script)
- Name of Drug (e.g.; Allegra, Ambien, Concerta)
- Insurance Reimbursement (usually says "Insurance Pays $**.** - You Pay $**.**)

NOTE: ALL OVER THE COUNTER MEDICATIONS REQUIRE A RX FROM A PHYSICAN IN ORDER TO BE REIMBURSED, EXPEPT FOR INSULIN. PLEASE HAVE THE DOCTOR INDICATE THE AMOUNT OF REFILLS IF YOU ARE CLAIMING THE ITEM MORE THAN ONCE.

VITAMINS OR SUPPLEMENTS FOR GENREAL HEALTH ARE NOT ELIGIBLE FOR REIMBURSEMENT. HOWEVER IF IT IS FOR A MEDICAL CONDITION A LETTER OF MEDICAL NECESSITY IS REQUIRED.

3. How do I get information to Flexbene for processing?

Once you have obtained the documentation for your services, attach them to a Flexible Benefits Reimbursement Voucher. Complete all sections of the Voucher, sign and date it. You may submit your claim online at **www.flexbene.com**, fax it to 585-248-2488, email it to **info@flexbene.com** or mail it to:

M.A. Services
PO Box 587
Pittsford, NY 14534

Please keep copies of all your claims - we are not responsible for claims lost in the mail.

4. What are some things that are NOT reimbursable?

The following are not reimbursable:

- Over the Counter Medications are no longer reimbursable with out a valid prescription except for insulin
- Cosmetic procedures, such as tooth bleaching or plastic surgery.
- Services that your insurance company has pended their final payment decisions. (We will gladly pay you the final un-reimbursed residual claim amounts.)
- Herbal medicines / Vitamins and supplements
- Finance Charges / missed appointment fees

Other items which may help you improve your overall health, such as gym equipment, swimming at the YMCA, and other adaptive equipment are only reimbursable with a letter of medical necessity from your doctor!!!! This is not the same as a letter of recommendation.

5. How long does it take to receive my reimbursement?

- Claims are processed every week on Tuesday morning, we then send the request of the total amount of reimbursement requests to the County.
- They wire transfer us the money and we mail the checks out or set up the ACH deposits.
- The time frame from when we process claims to when they send the wire transfer is different each week and could take up to three weeks to receive reimbursement.

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CALL US AT 1-800-836-8100 OR SEND AN EMAIL TO INFO@FLEXBENE.COM

flexbene.com