

HOW TO SUBMIT AND FILL OUT YOUR REIMBURSEMENT VOUCHER:

Step 1: Fill out the Reimbursement Voucher completely

- Part 1: Complete all areas of "Employee Information."
- Part 2: Is for Medical, Dental, Vision expenses
- Part 3: Is for Dependent Care expenses
- Part 4: Is for Disability/Other Health Insurance

Fill in your expenses you are claiming for reimbursement – you can use one line to show a total of multiple expenses within the same type of service

- Complete all necessary sections of the form. We need the date of service, type of service, recipient of service, service or medicine name and diagnosis or condition for every receipt even over the counter medicines. You can write this information on the receipt or you can write it on the voucher.
- **FOR OVER THE COUNTER MEDICATIONS A PRESCRIPTION IS REQUIRED IN ORDER TO RECEIVE REIMBURSEMENT** (have physician indicate the # of refills if you are claiming the item more than one time)
- Make additional copies of the reimbursement voucher if you do not have enough lines or call and we can send more copies via fax, email or mail.

Step 2: Attach Supporting Documentation:

You must also submit the documentation described under either A or B below:

- A. **Explanation of Benefits Form (EOB):** This is the form you receive each time you or a health care provider submit medical, dental or vision claims for payment to your health, dental or vision care plan. The EOB will show the amount of expenses paid by the plan and the amount you must pay. For expenses that are partially covered by your (or your dependent's) medical, dental or vision plans, you must attach the EOB. The EOB includes the date of service, diagnosis and the amount owed by you.
- B. **All Other Expenses:** For expenses not covered by your (or your dependent's) medical, dental or vision plans, your claim must include acceptable evidence of your expenses. A cancelled check is not considered acceptable evidence.

Acceptable evidence includes receipts which contain the following information:

- Type of service or product provided
- Date expense was incurred
- Person or organization providing the service or product
- Amount of expense - your portion of the payment (the amount you actually paid)
- Over the Counter Medications require a physician's prescription in order to be reimbursed, have them indicate the number of refills if you are claiming more than once. If your receipts do not clearly show the name of the product or services provided you must submit copies of the Universal Product Code (UPC) and copies of the front label on the box/container for over the counter (OTC) products and services. We need a diagnosis for each and every item you are claiming.

Step 3: Read the Certification and sign and date the form at the bottom

Step 4: Submit your claim

- **By Fax:** Fax the reimbursement voucher & supporting documentation to 585-248-2488.
- **By Mail:** Place the reimbursement voucher and the supporting documentation into an envelope and mail to M.A. Services, PO Box 587 Pittsford, NY 14534.
- **By Email:** Scan and email your claims to info@flexbene.com

Keep a copy of your completed form and receipts for your records.