

City of Austin
FLEXTRA Health Care
Reimbursement Claim



Mail to: CompuSys/Erisa Group, Inc.
13706 Research Blvd Ste 308
Austin, TX 78750
Email to: FLEXTRA@cserisa.com
Fax to: (512) 250-2937
Telephone: (512) 250-9397
(800) 933-7472

INSTRUCTIONS

1. Complete, sign and date this form.
2. Attach itemized documentation substantiating your eligible, out-of-pocket health care expenses. Expenses must be eligible under Section 125 of the Internal Revenue Code and not reimbursable by any other source.
3. Mail, fax or email this form and required documentation to CompuSys/Erisa.

Acceptable documentation includes:

- ✓ An itemized receipt showing the name of the patient, name and address of the healthcare provider, date of treatment, description of services provided and the amount paid for **copay expenses**.
- ✓ An Explanation of Benefits (EOB) from a medical or dental plan; required for **non-copay expenses** (i.e. out-of-network services, surgical procedures, global maternity care, medical equipment and supplies).
- ✓ A physician's letter of medical necessity, when required, stating the specific medical diagnosis/condition and recommended treatment. A letter is required for the reimbursement of over-the-counter (OTC) medications, weight loss programs, massage therapy, and other potentially eligible expenses.

SECTION A: EMPLOYEE INFORMATION

(Please Print)

EMPLOYEE NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
MAILING ADDRESS		IS THIS A NEW ADDRESS: <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	ZIP CODE
WORK PHONE	HOME PHONE	

SECTION B: INSURANCE INFORMATION

(Please Print)

EMPLOYEE'S MEDICAL PLAN	EMPLOYEE'S DENTAL PLAN	EMPLOYEE'S VISION PLAN
NAME OF SPOUSE/DOMESTIC PARTNER		
SPOUSE/DOMESTIC PARTNER'S MEDICAL PLAN	SPOUSE/ DOMESTIC PARTNER'S DENTAL PLAN	SPOUSE/ DOMESTIC PARTNER'S VISION PLAN

SECTION C: EMPLOYEE CERTIFICATION

(Read this section carefully; then date and sign this form.)

Total Number of Receipts/EOBs Attached _____

Estimated Reimbursement Amount \$ _____ Number of pages attached _____

I want the above requested reimbursement from my _____ FLEXTRA Health Care Account. **(Specify Plan Year)**

I certify that the attached charges are eligible health care expenses under the Internal Revenue Code, the charges have been incurred, and that I have not been reimbursed by, nor are these charges reimbursable by any other source. I also certify that I will not claim these charges as a credit on my personal income tax return. I understand that failure to submit claims with all required documentation by **May 31st** following the close of the Plan Year (March 15th) will result in my expenses not being reimbursed and I will lose any money left in my account. **Claims must be postmarked by May 31st.**

SIGNATURE _____ DATE _____

See reverse side for examples of expenses that are eligible or ineligible for reimbursement by the City of Austin FLEXTRA Health Care Account

ELIGIBLE AND INELIGIBLE HEALTH CARE EXPENSES

Below is a representative list of health care expenses eligible for reimbursement under Section 125 of the Internal Revenue Code, and examples of ineligible expenses. For a complete list, see Publication 502, Medical and Dental Expenses. Health care expenses may include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. They are not merely beneficial to one's general health.

EXAMPLES OF ELIGIBLE, INELIGIBLE AND POTENTIALLY ELIGIBLE EXPENSES

ELIGIBLE EXPENSES

- ◆ Copays, coinsurance and deductibles
- ◆ Acupuncture
- ◆ Chiropractic care
- ◆ Contraceptive devices and supplies
- ◆ Dental care (excluding cosmetic services)
- ◆ Diabetic supplies, Insulin
- ◆ Hearing aids, Hearing aid batteries
- ◆ Home medical equipment
- ◆ Infertility treatment
- ◆ Laser eye surgery (i.e. LASIK)
- ◆ Medical/first aid supplies
- ◆ Occupation Therapy
- ◆ Orthodontia* (See below)
- ◆ Orthotics
- ◆ Physical therapy
- ◆ Prescription drugs
- ◆ Preventive care, Routine physical exams
- ◆ Prosthetic appliances
- ◆ Psychotherapy
- ◆ Smoking cessation aids (i.e. gum, patches)
- ◆ Specialized equipment or services for disabled persons
- ◆ Speech therapy
- ◆ Sterilization
- ◆ Sunscreen, with SPF 30 or higher
- ◆ Transportation for medical care
- ◆ Well-baby and well-child care
- ◆ Vision care (exams, glasses, contact lenses and solutions, artificial eyes, RX sunglasses)

INELIGIBLE EXPENSES

- ◆ Cosmetic procedures or treatments
- ◆ Cosmetic dentistry (i.e. veneers, crowns, tooth whitening)
- ◆ Diet foods or meal replacements
- ◆ Health club/gym membership fees
- ◆ Humidifier and air conditioning filters
- ◆ Insurance/COBRA premiums
- ◆ Interpersonal relationship counseling
- ◆ Late payment fees or finance charges
- ◆ Missed appointment or administrative fees
- ◆ OTC (i.e. cosmetics, medicated shampoo/soap, toothpaste, tooth brush, mouthwash, cleansers, moisteners, and vitamin/mineral/herbal/dietary supplements)
- ◆ Rogaine or other hair growth drugs
- ◆ Sun clips for prescription eyeglasses
- ◆ Wellness or self-improvement classes

POTENTIALLY ELIGIBLE EXPENSES**

- ◆ Acne medications, not cleansers
- ◆ Glucosamine/Chondroitin
- ◆ Lactose intolerance pills
- ◆ Massage therapy
- ◆ Nasal sprays for snoring
- ◆ Orthopedic inserts
- ◆ OTC medications, drugs or biologicals***
- ◆ OTC hormone therapy for menopause***
- ◆ Prenatal vitamins
- ◆ Weight-loss programs

*Amount reimbursable for Orthodontia is determined as claims are processed by your dental plan, throughout treatment. The difference between the billed charge and the payment made by the dental plan is the amount reimbursable. **Note:** This may not equal your monthly payment according to the financial arrangement you have made with the provider.

** Physician's letter of medical necessity, including the treatment and duration for a specified medical condition, is required.

*** OTC medications require a valid physician's prescription for the specific item purchased

If you have questions regarding expenses reimbursable by the City of Austin FLEXTRA Health Care Account, contact CompuSys/Erisa at (512) 250-9397.