



MedBen Group # _____

HEALTH FSA – ORTHODONTIA SERVICES REIMBURSEMENT REQUEST FORM

Employee Name: _____ SS#: _____

Address: _____

Instructions: This form must be completed to receive reimbursement for orthodontic care. Be sure to provide all information requested by this form. If the form is incomplete, it will be returned to you. Print or type the information requested. Then date and sign the form. **Send this form to: MedBen, Specialty Services Unit, 1975 Tamarack Rd., P.O. Box 1096, Newark, OH 43058-1096.**

Patient's Name: _____

Orthodontist's / Provider's Name: _____

Address: _____

City, State, Zip: _____

Orthodontist's / Provider's Signature: _____

BREAKOUT OF CHARGES		
Total Charges	\$ _____	Orthodontic Care Start Date: ____ / ____ / ____
Minus Insurance	- \$ _____	Estimated length of treatment: ____ months
Patient's Responsibility	= \$ _____	Patient balance divided by estimated length of treatment:
Patient's Down Payment	- \$ _____	\$ _____ / _____ = \$ _____ monthly*
Patient Balance	= \$ _____	
Discount*	- \$ _____	Discount* if Patient's Responsibility is paid up front _____
New Patient's Balance	= \$ _____	* if applicable

AMOUNT OF REIMBURSEMENT BEING REQUESTED
(Please check ONE option only)

____ Monthly* payment ____ Total Patient Responsibility ____ Down Payment ____ other: _____

* If monthly payment is selected - a claim will be added the 1st day of each month for the number of months indicated above (related to current plan year only)

To the best of my knowledge and belief, my statement in this Reimbursement Request Form is complete and true. I certify that I or my family member has received the services described above on the dates indicated, that the expenses qualify as valid medical services under the Plan, and that I have not been reimbursed previously under the Employers Plan or any other Health plan, FSA plan or HRA plan, nor do I expect any of these expenses to be reimbursable elsewhere. If the reimbursement is for prescription drugs, I certify that such drugs are not prescribed for cosmetic purposes. I understand that these expenses may not be used to claim any Federal income tax deduction or credit.

WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud or health care fraud under state and/or federal law. To report suspected fraud, call 1-877-9FRAUD 9 (1-877-937-2839).

Employee's Signature

Date

Specialty Services Unit • 1975 Tamarack Road • P.O. Box 1096 • Newark, OH 43058-1096
COBRA Phone (800) 297-1849 • FSA/HRA Phone (800) 297-1829 • fax (740) 522-7483
www.medben.com • admin@medben.com

ORTHODONTIA EXPENSES

In 1984 and 1989, the IRS published Income Tax Regulations interpreting cafeteria plans under section 125 of the Code and health flexible spending arrangements (FSA's). The regulations are written in question and answer format. Q&A-7 of the regulations sets out the reimbursements for reimbursing expenses under a health FSA. In general, to receive reimbursements under a health FSA, a participant must provide written substantiation of the claim from an independent third party and a statement that the medical expense has not been reimbursed or is not reimbursable under any other health plan coverage. In addition, the claim must be incurred during the participant's period of coverage under the health FSA. Under the regulations, expenses are treated as having been incurred when the participant is provided with the medical care that gives rise to the medical expenses, and not when the participant is formally billed, charged for, or pays for the medical care.

Thus, in applying the general rule, an employee may be reimbursed for an orthodontic expense after the patient receives the specific treatment, care or procedure that gives rise to the medical expense, and not when the patient is billed for future medical services. MedBen understands that orthodontia treatment is incurred over an extended period of time. MedBen will reimburse orthodontia expenses incurred for orthodontia treatment for the entire plan year that the participant is enrolled in the health FSA.

Sincerely,

MedBen
Specialty Services Unit