

# FLEX REIMBURSEMENT PROCEDURES



M.A. Services  
PO Box 587  
Pittsford, NY 14534  
Phone: 1-800-836-8100  
Fax: 585-248-2488  
Email: [info@flexbene.com](mailto:info@flexbene.com)

## **DEPENDENT CARE REIMBURSEMENT:**

1. To initiate a Dependent Care Reimbursement, first complete a Dependent Care Registration Statement for all childcare providers that are being claimed for pre-tax reimbursement.

**\*Dependent Care Registration Statement needs to be completed PRIOR to any Dependent Care expense reimbursements can be approved\***

2. Fill out Part III of the Flex Reimbursement Voucher and attach eligible documentation stating the Dependent Care provider, the Dates of Service(s) and the amount charged for care.

3. Submitted receipts will be reimbursed up to the current available balance of the dependent care account.

**\*Overnight Camps and Sport Training/Lesson are NOT eligible expenses\***

## **HEALTH EXPENSES REIMBURSEMENT:**

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

### **Doctors, Specialists, and Hospital Visits need the following:**

- Patient's Name (who received services?)
- Doctor's Name (who performed services?)
- Date of Service (date the service was performed)
- Service Rendered (what did the doctor do?)
- 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.)

### **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, Vioxx, Concerta)
- Insurance Reimbursement (usually says "Insurance Pays \$\*\*. \*\* - You Pay \$\*\*. \*\*)

**\*ALL OTC MEDICATIONS REQUIRE A RX FROM PHYSICIAN\* (Indicate # of Refills, Rx Name/Number)\***

**\*VITAMINS, SUPPLEMENTS, AND HERBAL MEDICINES ARE NOT REIMBURSABLE WITHOUT APPROVED LMN\***

## **AFLAC DISABILITY REIMBURSEMENT:**

To receive reimbursement for your Pre-tax AFLAC Disability Insurance you need to:

- Apply for AFLAC Disability Reimbursement on your enrollment form.  
**This expense in not reimbursable through your Health Expense Account.**
- Submit the first page of your policy validating coverage;
- Fill in Part IV on the reimbursement voucher
- Submit your bill which will indicate dates of current coverage. If this is being deducted from your paycheck, please send in a copy of your pay stub.

**\*Remember, if you deduct your AFLAC Disability Insurance Premiums, the payments at the time of disability will be taxed. Contact your tax advisor for further information.\***