of Tennessee

Flexible Spending Account (FSA) Health Care Claim Form

- Confidential -

(Please See Instructions on Reverse Side)

Employee Information *(Please Print)*

Employee Last Name	First Name	Middle Initial	BCBST Subscriber ID Number

Employee Home Address	Group Number
Employer's Name	**Daytime Phone Number**
Employee E-mail Address	

-- For Address Changes, Please Contact Your Employer's HR/Benefits Department --

Flexible Spending Account

---- Please Print---- Use one line for each receipt --- Do not combine two or more receipts on one line --- Use additional forms if necessary ---

Date of Service	Name of Person Receiving Service	Name of Provider of Service	Description of Service/Supply	Requested Reimbursement Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			Total Reimbursement Requested	$

Employee Certification

I certify that:

- *All eligible expenses listed above for which I am seeking reimbursement were received by me or an eligible dependent.*
- *All the expenses listed above for which I am seeking reimbursement from the Flexible Spending Account have been incurred.*
- *These expenses were incurred within my period of coverage during the plan year.*
- *These expenses have not previously been reimbursed and will not be presented for reimbursement through any other health plan.*
- *I understand that I alone am fully responsible for the accuracy of all information I have provided by submission of this claim form.*
- *I agree to submit and retain sufficient documentation for any expenses for which I seek reimbursement as may be required by the IRS.*

Employee Signature	Date

Return this form and supporting documentation by:	Fax To: 1-888-666-1221 Email To: HDHP_Claims@bcbst.com	Or Mail To: BCBST Claims Service Center 1 Cameron Hill Circle STE 0022 Chattanooga, TN 37402-0022	Questions: Customer Service 1-800-565-9140 www.bcbst.com

(See Instructions on Reverse Side)

Health Care Flexible Spending Account (FSA)
Claim Reimbursement Instructions

HEALTH CARE EXPENSES:

- **Health Care Expenses Include:**
  - Amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease.
  - Treatments affecting any part or function of the body.
- ***Expenses solely for cosmetic reasons or for general health and well-being are not usually eligible expenses for medical care.***

SUPPORTING DOCUMENTATION: ***Supporting third-party documentation for health care expenses must include at least one of the following:***

- **Explanation of Benefits** ***(EOB)***
  - The statement you receive each time a claim is submitted to your health, dental or vision plan.
- **Itemized Statement or Receipt Containing:**
  - Type of service or product provided *(include prescription name, if applicable);*
  - Date the expense was incurred;
  - Name of the employee/dependent for whom the service/product was provided;
  - Person/organization providing the service/product;
  - Amount of the expense after insurance benefits were provided *(if applicable)*.

INELIGIBLE EXPENSES AND DOCUMENTATION : ***The following are not allowable under Code Section 125 of the IRS:***

- **Unacceptable Documentation:**
  - Credit card receipts or cancelled checks as documentation.
  - Billing statements showing "Previous Balance," "Balance Forward," or "Received on Account."
- **Ineligible Expenses:**
  - Amount paid by insurance.
  - Services for weight loss, home improvements, plastic surgery, and diet counseling are not eligible expenses unless they are medically necessary. A physician's letter of medical necessity is required for these services.

BEFORE YOU SUBMIT YOUR HEALTH CARE REIMBURSEMENT CLAIM FORM PLEASE BE SURE TO:

- Complete the claim form in full.
- Sign and date the claim form.
- Include the appropriate documentation, including the EOB whenever possible, to substantiate your expenses.
- If multiple items are listed on a receipt, ***CIRCLE*** the items filed for reimbursement. ***DO NOT highlight the items.***
- Make sure supporting documentation equals the total amount you are claiming for reimbursement.
- Keep a copy of your claim form and any original receipts for your records.