



HOW TO FILE A CLAIM FOR YOUR HEALTH CARE REIMBURSEMENT ACCOUNT

ACCOUNT INFORMATION

1. You must have itemized bills or health plan statements for each expense. The itemized bill must contain the name of the patient, provider, date(s) and type of service. **Canceled checks and balance forward statements cannot be used for claim purposes.**
2. All reimbursements will be made payable to you.
3. Each reimbursement check stub is a statement of account.
4. Statements of account will be issued annually. Statements/account information is available on-line.

FILING YOUR CLAIM

1. Complete the personal information requested on the Reimbursement Request Form. (Name, address, social security number, etc.)
2. If an expense is covered in part by a health plan, the balance may be submitted for reimbursement **only after all health plan benefits from all sources have been paid.** List expenses and attach the itemized bill or health plan payment.
3. If no health plan applies, write **none** in the plan payment column.
4. Calculate the amount of reimbursement due by subtracting the plan payment from the actual billed amount.
5. Sign and date the reimbursement request.
6. Mail or fax the completed form and documentation to:

Reimbursement Accounts
PO Box 1140
Exeter NH 03833-1140
or
Fax: 1-603-773-4415

Note: You may not claim, on your Federal Income Tax Return, any health care expenses for which you have been reimbursed.

Please call EBPA's FSA Customer Service at 1 (888) 678-3457 if you have any questions.