

# **How to Use Your Reimbursement Account**

## **Claim Form Instructions**

The following instructions deal with claim procedures that will enable you to submit claims for payment from your reimbursement account(s). Occasionally a question may arise about payment of your claims. If so, feel free to contact KAPNICK Benefit Services at 1-800-550-FLEX (3539).

## **How to Prepare a Claim for Medical Reimbursement**

You should complete the *Employee Information* section of the Flexible Benefit Reimbursement Request Form, indicating your name and company name.

You are required to attach an itemized statement for each service you are seeking reimbursement for. Each statement must describe the name of the patient, diagnosis, nature of services or supplies furnished, dates of services, and amount charged for each. It must also contain the provider's (e.g., doctor's) name and address. If you are covered under an HMO, please submit the receipt (original or copy) for office visits or prescription drug co-payments.

If you have medical, dental or vision coverage through a traditional group health plan, you may forward an explanation of benefits statement showing what the insurance carrier has paid on charges. If you do submit an explanation of benefits form, you are not required to submit the original invoice for service(s).

If you have medical, dental or vision care expenses which are not eligible for reimbursement under any insurance plan, you may submit the itemized statement and note that this expense is not covered under your insurance plan.

## **How to Prepare a Claim for Dependent Care Reimbursement**

You should complete the *Employee Information* section of the Flexible Benefit Reimbursement Request Form, indicating your name and company name.

You should complete the *Dependent Care* section of the Flexible Benefit Reimbursement Request Form and attach an itemized statement with each claim. Each statement must show the dates that the dependent care was rendered and the amount charged for this service. It must also contain the provider's name and social security number or tax identification number. If your provider is unable to prepare a statement with the requested information, you may have your provider sign and date the statement in the Dependent Care section.

## **How to Complete and Send in Your Form**

Lastly, you need to sign and date the form and forward the completed claim form and all bills to KAPNICK Benefit Services.

KAPNICK Benefit Services will process your claim within five (5) business days. Please allow time for mail. Reimbursement checks will be mailed directly to your home and are not available for pick-up from our claim office.