

Health Care Expense Claim Form

Flexible Spending Account

Cafeteria Plan Advisors
An Alera Group Company
120 Longwater Drive, Suite 102
Norwell, MA 02061
www.cpa125.com



Email: info@cpa125.com

Phone: 781-848-9848

FAX: 781-848-8477

Plan Year: _____

Participant Name: _____

Employer: _____

Mailing Address: _____

SSN (Last four) _____

XXX-XX- _____

City, State, Zip: _____

Participant Daytime Phone: _____

Check if New Address ☐

Email: _____

List Unreimbursed Medical Expenses by Classification (Participants and IRS Eligible Dependents)	Dates of Service		Amount (\$)
	MM/DD/YYYY	MM/DD/YYYY	
	START	END	
Medications	-		
Doctor/ Hospital Co-Pays and Deductibles	-		
Dental/ Eyes/ Hearing	-		
Medical Procedures/ Services and Therapy / Labs and Tests	-		
Over the Counter Items	-		
Other	-		
	Total		

- All claims require copies of bills/statements/receipts showing date and service. (IRS regulation)
- Cancelled checks/bank statement/credit card receipts are not adequate substantiation.
- Direct deposit payments are processed weekly and funds are typically in your account by the end of the week; however, the bank has 3 business days to post it to your account.
- Checks are mailed bi-weekly.
- Expenses must be incurred during the plan year or before the termination date of employment to be reimbursed. Claims must be received within 90 days after the plan year ends or termination date.
- Claims received by Monday are typically included in that week's processing.

Certification

I, the undersigned, have incurred the expenses listed above that qualify for reimbursement under my employer's cafeteria plan. I have not been and will not be reimbursed for these expenses from any source including, but not limited to: insurance, this plan, or other programs offered by my employer, my spouse's employer, or any other third party. I understand these expenses may no longer be claimed as deductions for income tax purposes since I am requesting reimbursement with funds deducted from my compensation on a pre-tax basis. I acknowledge I am solely liable for any taxes or penalties on ineligible expenses submitted through the medical flexible spending account. I, and only I, am responsible for the accuracy and validity of the submitted expenses and will retain substantiation. I hereby request reimbursement for these expenses, and, if applicable, reaffirm the authorization provided to Cafeteria Plan Advisors to directly deposit the reimbursement into my bank.

Participant's Signature: _____

Date: _____

Attach copies of receipts and mail, fax, or scan as a PDF and email to info@cpa125.com

Retain originals for your records

Health Care FSA Eligible Expenses

BABY/CHILD TO AGE 13 ☐ Lactation Consultant* ☐ Lead-Based Paint Removal ☐ Special Formula* ☐ Tuition: Special School/Teacher for Disability or Learning Disability* ☐ Well Baby /Well Child Care DENTAL ☐ Dental X-Rays ☐ Dentures and Bridges ☐ Exams and Teeth Cleaning ☐ Extractions and Fillings ☐ Oral Surgery ☐ Orthodontia (reimbursable after payment) ☐ Periodontal Services EYES ☐ Eye Exams ☐ Eyeglasses and Contact Lenses ☐ Laser Eye Surgeries ☐ Prescription Sunglasses ☐ Radial Keratotomy HEARING ☐ Hearing Aids and Batteries ☐ Hearing Exams LAB EXAMS/TESTS ☐ Blood Tests and Metabolism Tests ☐ Body Scans ☐ Cardiograms ☐ Laboratory Fees ☐ X-Rays	MEDICAL EQUIPMENT/SUPPLIES ☐ Air Purification Equipment* ☐ Arches and Orthotic Inserts ☐ Contraceptive Devices ☐ Crutches, Walkers, Wheel Chairs ☐ Exercise Equipment* ☐ Hospital Beds* ☐ Mattresses* ☐ Medic Alert Bracelet or Necklace ☐ Nebulizers ☐ Orthopedic Shoes* ☐ Oxygen* ☐ Post-Mastectomy Clothing ☐ Prosthetics ☐ Syringes ☐ Wigs* MEDICAL PROCEDURES/SERVICES ☐ Acupuncture ☐ Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care) ☐ Ambulance ☐ Fertility Enhancement and Treatment ☐ Hair Loss Treatment* ☐ Hospital Services ☐ Immunization ☐ In Vitro Fertilization ☐ Physical Examination (not employment-related) ☐ Reconstructive Surgery (due to a congenital defect, accident, or medical treatment) ☐ Service Animals ☐ Sterilization/Sterilization Reversal ☐ Transplants (including organ donor) ☐ Transportation to Medical Facility	MEDICATIONS/DRUGS ☐ Insulin ☐ Prescription Drugs ☐ **Over the Counter Drugs/Medicines, such as Tylenol, Advil, NyQuil, etc.; <u>not</u> vitamins or supplements OBSTETRICS ☐ Doulas* ☐ Lamaze Class ☐ OB/GYN Exams ☐ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) ☐ Pre- and Postnatal Treatments PRACTITIONERS ☐ Allergist ☐ Chiropractor ☐ Christian Science Practitioner ☐ Dermatologist ☐ Homeopath ☐ Naturopath* ☐ Optometrist ☐ Osteopath ☐ Physician ☐ Psychiatrist or Psychologist THERAPY ☐ Alcohol and Drug Addiction ☐ Counseling (not marital or career) ☐ Exercise Programs* ☐ Hypnosis* ☐ Massage* ☐ Occupational ☐ Physical ☐ Smoking Cessation Programs* ☐ Speech ☐ Weight Loss Programs* (excluding food)
---	---	--

****Please Note:** Effective 1/1/2020, the IRS now allows personal protective items to prevent the spread of COVID, such as: masks, hand sanitizer and disinfectant wipes; also allowed are Over the Counter (OTC) medicines/drugs, and feminine care products may now be purchased with Health Care FSA or certain HRA plans. *Vitamins & supplements are not eligible.*

The following is a high-level list of OTC items that are *not* medicine or drugs and are eligible for purchase with Health Care FSA Plans.

Denture Adhesives, Repair, and Cleansers ☐ PoliGrip, Benzodent, Efferdent Diabetes Testing and Aids ☐ Insulin, insulin syringes, Ascencia, One Touch, Diabetic Tussin, glucose products Diagnostic Products ☐ Thermometers, blood pressure monitors, cholesterol testing	Elastics/Athletic Treatments ☐ ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts Eye Care ☐ Contact lens care ☐ Reading Glasses and Maintenance Accessories	Family Planning ☐ Pregnancy and ovulation kits First Aid Dressings and Supplies ☐ Band Aid, 3M Nexcare, non-sport tapes *without antibiotic strip Incontinence Products ☐ Attends, Depends, GoodNites for juvenile incontinence
---	---	--

***Items with an asterisk are potentially eligible with a Letter of Medical Necessity from a licensed physician. For a detailed list, log in to our website at www.cpa125.com and click on the link to the FSA Store to view the eligibility list.**