

SUBMITTING YOUR CLAIM & PREPARING YOUR CLAIM FORM

- Retain copies for your files. Claim information cannot be returned.
- Do not highlight the form or enclosed documentation. Highlighting makes scanned and faxed documents difficult to read.
- Refer to www.aetnanavigator.com for additional claim tips. Once in Navigator, click on the [Claims & Balances](#) link and then click on [Claims](#). On the left side of the screen, click on [Forms](#). Scroll down to Flexible Spending Account (FSA) and scroll to the Reimbursement section. Click on the link for [Health Care and Dependent Care claim submission guidelines](#).

SECTION 1 – Employee Information

FSA Identification Number – As a participant with the Limited FSA, you have been assigned a unique participant number. Your Limited FSA ID Number is a 9 digit number preceded with a “W”. If you do not know your W#, you can locate it from any one of the following sources:

- [Explanation of Payment \(EOP\)](#) – Paper EOPs always display your W#.
- [Activity Statement](#) – As an Aetna Limited FSA participant you may receive an activity statement at least once a year; refer to this statement for your W#.
- [Aetna Medical ID Card](#) – If you have Aetna medical coverage, the W# displayed on your ID card is also used for your Limited FSA.
- [Member Services](#) – Call FSA Member Services to inquire about your W#.

Note: If you prefer, you can use your Social Security Number in this field.

Employee’s Address – Report an address change to your employer. To avoid misdirected claim payments, your employer must notify Aetna of your new address.

SECTION 2 – Employer Information

Limited FSA Control Number – Your employer has been assigned a unique Limited FSA plan number. If this form does not have that number pre-printed, you can locate this number from any one of the sources (with the exception of the Aetna Medical ID card) listed in Section

SECTION 3 – Expense Information

While meeting the deductible of your High Deductible Health Plan (HDHP), the Limited FSA (LFSA) can only reimburse for qualified out-of-pocket dental, vision and preventive care expenses, including preventive prescription medications and over-the counter dental, vision and preventive care items. Once you have met your HDHP deductible, the LFSA can reimburse for these expenses as well as all other FSA-qualified medical expenses that have been incurred after meeting the deductible. List and separate expenses by individual family members. **Attach the appropriate documentation for each claim.** **Note:** *A canceled check is not adequate documentation.*

If you have insurance:

Submit the Explanation of Benefits (EOB) with your completed claim form. If the claim was denied entirely by insurance, submit the EOB *and* the documentation listed in the instructions to the right. If insurance covered at least part of the expense, you do not need to submit any other documentation with the EOB.

Note: If a receipt indicates that insurance is pending, the claim will be denied until the EOB is submitted.

For a prescription drug claim or if you do not have insurance:

Submit the itemized receipt or statement from the doctor/dentist/pharmacist/health care professional. This itemized receipt or statement must include:

- Name & address of doctor/dentist/pharmacist/health care professional
- Patient’s name
- Date(s) of service
- Type of service or prescription name
- Dollar amount charged

Note: This receipt must clearly document the patient’s financial responsibility.

SECTION 4 – Orthodontia Expenses

For Orthodontia claims, please follow these guidelines.

- When submitting your first orthodontia claim, you must submit the orthodontia contract (or the Aetna Orthodontia Substantiation form) from the orthodontist along with a signed Limited Flexible Spending Account (FSA) Health Care Reimbursement form. This contract must indicate initial fee charged, estimated insurance payment, initial start date, duration of treatment and proof of partial or full down payment.
- For each monthly request for reimbursement, you must submit a completed and signed claim form with an itemized bill/statement or receipt from the orthodontist. This statement must show the monthly charge consistent with the original orthodontic contract.
- Future dates of services cannot be reimbursed. IRS guidelines require services to be incurred before you can be reimbursed. A reimbursement request for a service that will occur in a subsequent plan year will be returned to you for resubmission in that plan year.

SECTION 5 – Coordination of Benefits (COB)

When an expense is covered under more than one health plan, all EOBs for the expense must be submitted in order to process the reimbursement.

SECTION 6 – Deductible Status

Your EOB will substantiate if you have met your deductible.

SECTION 7 – Employee Certification

You must sign and date this form to avoid claim payment delays.