QVI risk solutions inc

Flexible Spending Account (FSA), Dependent Care (DCAP) and HRA/MERP Reimbursement Form

Part I Employee Information

Employer's Name				
Employee's Last Name	**First Name**	**(M)**	**Home Phone** ( )	**Work Phone** ( )
Mailing Address	**City**		**State**	**Zip Code**

☐ **Please check box if address above is new**

Part II Reimbursement Information

	Service Date(s) From - To	Amount	Brief Description
1.	-	$	
2.	-	$	
3.	-	$	
4.	-	$	
5.	-	$	

Total $_____

(For additional claims, use another reimbursement application)

Part III Dependent Care Expense (Childcare and/or pre-school to age 13, adult care.

If your daycare provider does not provide documentation, you may provide the information on this request form and your daycare provider must sign below.

Amount Requested **Service Dates From – To** **Signature of Provider**

Part IV Authorization

To the best of my knowledge, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred for eligible plan participants during the applicable Plan Year. I certify that these expenses have not been, nor are they expected to be, reimbursed under this or any other benefit plan, and will not be claimed as an income tax deduction. I have read and understand the information provided on the reverse of this form. I authorize my flexible spending account arrangement to be reduced by the amount requested above.

► _____

Applicants Signature **Date** **Applicants Full Name (please print clearly)**

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Quality, Value, and Innovation in Insured Risk and Self-Funding

How to File a Claim

To receive reimbursement for eligible expenses, mail **OR** fax (not both) a completed form along with IRS- required documentation.

Unreimbursed Health-Related Expenses

1. After Completing the Request for Reimbursement Form, attach a copy of insurance Explanation of Benefits (EOB) or bills/accounts histories for services you have received. Documentation submitted must include:
    - The Date(s) of service
    - A description of the charge
    - The amount you are responsible for paying (charges less insurance and discounts)

2. If a service has been partially covered by insurance, send a copy of the Explanation of Benefits (EOB) received from the insurance company. Include *only* the amount you will actually be paying for a service. QVI Risk Solutions Inc. cannot reimburse you for amounts that will be paid by insurance.

3. Third party verification is required; therefore, cancelled checks and/or check copies may not be used as documentation.

4. Please retain originals of the bills/forms submitted for your personal tax records. We store documents electronically and destroy the originals after processing; therefore, originals will not be returned to you. Incomplete Reimbursement Forms or those received without proper documentation attached, cannot be processed- if this happens, you will receive a letter of explanation.

5. In certain instances, statements from your healthcare provider may be necessary to verify the medical necessity of the procedure or prescription. Please call if you have any questions.

Eligible Medical Expense

- Prescription sunglasses, Lasik Eye Surgery, Contact lens
- Homeopathic remedies & vitamins used to treat a medical condition*****
- Massage therapy to treat medical condition *****
- Smoking Cessation programs or prescriptions
- Prescribed Weight-loss programs or drugs*****
- Reconstructive procedures due to a medical condition or defect
- Family or Individual Counseling
- Deductibles and Co-pays
- Hearing Aid & Batteries
- Dental fees (crowns, bridges, etc.)
- Orthodontia

Ineligible Medical Expense

- General Parenting Classes
- Clip-on or Non-prescriptive sunglasses
- Uniforms
- Massage therapy to reduce stress
- Cosmetic procedures to enhance appearance (i.e. face lift, teeth bleaching)
- Weight-loss programs for general health and preventive care
- Maternity clothes
- Marriage counseling
- Insurance premiums through a spouse's employer
- Hygiene Items (toothpaste, deodorant, etc.)

* ***Doctors letter required***

Over the Counter Drugs

Effective January 1, 2011 Over the Counter Drugs can be reimbursed only with a prescription from your physician.

Type of Drug	Example
Allergy prevention and Treatment	Benadryl, Chlora Trimaton
Antacids and Acid Reducers	Gas X, Tums, Maalox, Zantac 75
Antihistamines	Claritin, Dimetane, Nyquil
Internal Analgesic/antipyretic	Advil, Aleve, Tylenol, Bayer
Migraine	Advil Migraine, Excedrin Migraine
Smoking Cessation	Nicoderm CQ, Nicorette, Nicotrol