

Health Flexible Spending Account Claim Form For Over-The-Counter (OTC) Reimbursement



You must send in the claim form, itemized receipt and prescription from your healthcare provider:
HealthSmart Benefit Solutions ■ P.O. Box 99004 ■ Anchorage, AK 99509-9004
 Toll Free 877.517.6370 or TDD 877.517.6416 ■ Fax: 855.328.5176

Member's Information

Name (First, Initial, Last)		Member ID (required)	
Address		City	State ZIP
Daytime Telephone Number (Include Area Code)	Plan Name AlaskaCare	Group Number 5851	

Description Of Health Care Expenses (See reverse side for a list of eligible expenses)

Patient's Name	Relationship to Employee <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent	OTC Product Name	Date of Purchase	Expense Amount
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
Total Amount Submitted				\$

Certification

I certify that (1) the information I have provided on this form is correct and complete; (2) all expenses for which reimbursement is claimed have been incurred during the period of coverage for myself, my spouse or for an eligible dependent, as defined under my employer's HFSA plan; (3) these expenses have not been reimbursed, and I will not seek reimbursement for these expenses under any other plan covering health benefits; and (4) I will not deduct or claim credit for expenses reimbursed from my HFSA on my federal, state or local income tax returns.

Member's Signature	Date
--------------------	------

Important: You must sign and date this form in order for your claim to be processed.

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Eligible OTC Expenses (items for which you need a prescription)

Below is a partial list of Over-the-Counter expenses that may be eligible for reimbursement from a Health Flexible Spending Account.

Acne treatment	Family planning (such as condoms, contraceptive creams, pregnancy test and ovulation predictor kits)	Laxatives
Allergy relief (such as oral medications, nasal sprays and patches)	First aid (such as antiseptics, bandages, tape, gauze dressing, adhesive pads, Band-Aids, pain-relieving creams and burn care)*	Motion and nausea sickness treatment (such as Dramamine, patches and wristbands)
Antacids and heartburn relief (such as Alka-Seltzer, Mylanta and Milk of Magnesia)	Foot care (such as arch and insole supports, callous removers, and athletes' foot treatment like nail and foot antifungal creams)	Pain and fever reducers (such as aspirin, ibuprofen and acetaminophen)
Antibiotic creams and ointments	Hemorrhoid treatments	Smoking-cessation products (such as nicotine patches and nicotine gum)
Anti-itch and hydrocortisone creams	Home diagnostic tests or kits (such as blood pressure monitor and related equipment), cholesterol test equipment, diabetes (such as glucose monitor and related equipment), colorectal test equipment and HIV test*	Stomach and digestive relief (such as Pepto-Bismol, Imodium, Colace and Lactaid)
Arthritis pain-relieving creams	Incontinence products (such as Depends and Serenity pads)*	Thermometers
Cold, flu, decongestant and sinus remedies	Joint-support bandages and hosiery (such as knee supports and elbow supports)	Tooth and mouth pain relief (such as Orajel and Anbesol)
Cough suppressants or expectorants (such as cough syrup, cough drops or throat lozenges)		Urinary pain relief
Ear care (such as ear drops, ear wax removal and ear plugs)		Vaporizers and humidifiers
Eye care (such as contact lens solution, lubricant eye drops, eye patches and reading glasses)*		Wart removal medication

*This Over-The-Counter item is eligible for reimbursement and does not require a prescription from your health care provider.

Non-Eligible OTC Expenses (includes items for which you do not have a prescription)

The expenses shown below are generally NOT eligible for reimbursement from a Health Flexible Spending Account.

Cosmetics (such as makeup, lipstick, cotton swabs, cotton balls and baby oil)	Nutritional and dietary supplements (such as bars, milkshakes, power drinks and Pedialyte)*	Skin care (such as sun block, skin and body moisturizing lotion and lip balm)
Denture care (such as denture cleansers and denture adhesive creams)	Personal hygiene items (such as deodorant, soap, body powder, shaving cream and razors, feminine care and sanitary products)	Sleep aids (such as oral medications, snoring strips and stimulants)*
Hair care (such as hair color, shampoo, conditioner, brushes and hair-loss products like Rogaine)	Routine dental care products (such as toothpaste, toothbrushes, dental floss, mouthwashes like antibacterial mouthwash and fluoride rinses, breath strips and teeth-whitening items)	Vitamins*
Homeopathic medicines*		Weight-reduction aids (such as Slimfast, appetite suppressants and water-retention products)*
Nail care and personal grooming items (such as scissors and nail files)		Other products that merely benefit your general health

*This Over-the-Counter item is only eligible for reimbursement if it is used to alleviate a medical condition and is accompanied by a "Certification of Medical Necessity" form or equivalent documentation from your health care provider.

NOTE: These lists are not intended to be all-inclusive, but are rather to answer frequently asked questions. These lists are subject to change per IRS rulings or interpretation changes.

Instructions For Filing A Claim

1. Before requesting payment from your HFSA account, you must submit these expenses to your health insurance company.
2. Explanation of Medical Benefits (EOB) provided by your insurance company must be submitted as proof of claim. If this statement is provided, it is not necessary to provide the individual bills or receipts.
3. Your Plan may have a check minimum before your payment will be released. Please call HealthSmart Benefit Solutions at 1.877.517.6370 or TDD 1.877.517.6416 for verification.
4. Please retain a copy of your claim, statements, and receipts for your records.

Eligible Expenses

Eligible health care expenses are for you, your spouse, or your dependents, that have not been and will not be reimbursed by any other medical or dental insurance. Health care includes the prevention, diagnosis, treatment, and care of an illness, injury, disease or physical or mental defect. Examples of eligible expenses are listed below:

- Amounts not paid by medical and dental plans, with the exception of elective cosmetic surgery expenses. For example: deductibles, copayments, and amounts in excess of plan limits.
- The cost of eye and hearing examinations, eyeglasses, contact lenses, and/or hearing aids.

For more information about qualified health care expenses, please refer to IRS Publication 502.

HealthSmart Benefit Solutions

P.O. Box 99004

Anchorage, AK 99509-9004

1.877.517.6370 or TDD 1.877.517.6416

Fax: 855.328.5176