

# FSA CLAIM FILING INSTRUCTIONS



## Flexible Spending Account (FSA) Claim Form

NOTE: If you submit your claim online at [www.asiflex.com](http://www.asiflex.com) this form is not needed.

Your Name (Last, First, MI) <b>John M. Riddick</b>		Social Security No. or EID or PIN <b>123-45-6789</b>	Your Employer Name <b>ASI Flex</b>	
Address <b>123 Main Street</b>		City <b>Columbia</b>	State <b>MO</b>	Zip Code <b>65203</b>

### Dependent Care Flexible Spending Account Claims

Payment is allowed only for services that have already been provided and not for services to be provided in the future. You may submit for a full month after the month has ended or submit for the previous week's expenses. To substantiate your claim, submit an itemized statement from your provider or simply have your provider(s) sign below to certify\* the care was provided. If your provider signs below, no other supporting documentation is required.

Name of Dependent	Age	Dates Care Was Provided No Future Dates MM/DD/YY thru MM/DD/YY	① Name/Address of Care Provider or Care Facility ② Type of Dependent Care Service (Daycare, Day Camp, Preschool, After School Care, etc.)	Amount Requested
Truman	2	1/2/2013 - 01/08/13	① Ima Sitter, 234 Main Street, Columbia, MO 65203	\$300.00
			② Daycare	
			①	\$
			②	\$
<b>Total</b>				\$300.00

\* Day Care Provider or Care Facility Certification:  
I certify that I provided dependent care services as detailed above.  
Print Name: Ima Sitter  
Original Signature: Ima Sitter  
Date: 1/12/13

### Demographic information

Write in your personal information so that ASIFlex can identify you. You must enter your Social Security Number, Employee Identification Number or ASIFlex-assigned PIN, or your claim may be delayed.

### Fill in all dependent care expenses

Include all pertinent information for your dependent care (or child care) reimbursement request.

If you have your provider sign the claim form, no additional documentation is required!

### Health Care Flexible Spending Account Claims

Follow the instruction page "How to File Claims" and submit correct documentation to assure rapid claim processing!

Date(s) of Service	Health Care Provider	Type of Expense (Office Visit, Crown, Eyeglasses, Rx, etc.)	Patient Name	Relationship to You	Amount Requested
1/14/13	Dr. Pinkel	Dental work	Kimberly	Spouse	\$250.00
					\$
					\$
					\$
					\$
<b>Total</b>					\$250.00

### Complete any health care requests

Provide detailed descriptions of each item that you are claiming reimbursement for your health care FSA. It is easier for ASIFlex to understand what you are claiming when you provide more details, so please include all available information.

### Sign your form

IRS rules require that you sign the form to confirm that the information is accurate. If you submit your forms online, an electronic signature will suffice. If your claim form is not signed, your reimbursement request will be denied.

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me, an eligible spouse, or an eligible dependent during a period while I was covered under my employer's FSA Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. Any claimed Dependent Care expenses are work-related and were provided for my dependent under the age of 13 or for my dependent who is incapable of self care. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and correct documentation.

Employee Signature: John M. Riddick Date: 1/15/2013

FAX TO: 1-877-879-9038  
PAGE 1 OF \_\_\_\_\_  
NO COVER PAGE REQUIRED

MAIL TO: ASI  
PO BOX 6044  
COLUMBIA, MO 65205-6044

FILE ONLINE: WWW.ASIFLEX.COM  
NO CLAIM FORM NEEDED!

## Flexible Spending Account

### Documentation Requirements

- Service Dates**  
The documentation must include a clearly indicated date(s) of service. Date of payment is not sufficient.
- Provider Name**  
The name of the service provider must be clearly indicated on the documentation.
- Name of Person Receiving Services**  
The documentation must indicate the name of the person receiving the service.
- Service Description**  
The documentation must clearly indicate what service(s) were provided that are being claimed. For regular doctor visits, the words "co-pay" as a service description are typically sufficient.
- Amount Charged**  
The documentation must clearly indicate the amount for which you are responsible. Please note that proof of payment is not normally required to be submitted, and generally proof of payment by itself is not sufficient documentation.

## Sample Documentation

**Columbia Dental Center**  
123 Tiger Way  
Columbia, MO  
800-555-1234

Service Date	Provider	Patient	Services	Fee
① 1/14/2013	② Dr. Pinkel	③ Kimberly Moore	④ Root Canal Cleaning	\$225.00
1/14/2013	Dr. Pinkel	Kimberly Moore		\$150.00
⑤ Your responsibility:				\$250.00

Today's Charges: \$375.00  
Anticipated Insurance: \$125.00



### Quick Tips

- ✓ **Medical & Dental Claims** - submit your insurance Explanation of Benefit (EOB) statement from your insurance company, or a detailed billing statement from your provider
- ✓ **Prescription Drug Claims** - ask your pharmacy for a printout of all prescriptions you purchased over a given time period (e.g. month, quarter or year)
- ✓ **OTC Medication Claims** - get a prescription from your medical doctor, and submit this along with your cash register receipt.
- ✓ **Dependent Care Claims** - have your provider sign the ASIFlex claim form. If you do this, no other documentation is required. Also, request the full amount you have been charged.
- ✓ **Submit your claim online** - use the online claims portal found at [www.asiflex.com](http://www.asiflex.com) to expedite your claim submission. The process is paperless and easy.