

GETTHEALTH HRA/FSA/MERP MEDICAL CARE EXPENSE CLAIM FORM INSTRUCTIONS

HOW TO FILL OUT YOUR MEDICAL CARE EXPENSE CLAIM FORM

3 Step Process:

- 1) Complete the attached GettHealth HRA/FSA/MERP Medical Care Expense Claim Form.
- 2) Please photocopy itemized receipts/bills and/or explanations of benefits (EOBs) from time of service.
- 3) There are 3 ways to submit your claim:
 - a. Fax **Completed Claim form** and **documentation** to: **888-298-1591 or 717-334-8860**
 - b. Scan **Completed Claim form** and **documentation** and email: flex@getthealth.com
 - c. Mail **Completed Claim form** and **documentation** to:
Gettysburg Health Administrators, Inc.
Attn: Reimbursement Services
PO Box 1060
Gettysburg, PA 17325

GETTHEALTH HRA/FSA/MERP MEDICAL EXPENSE CLAIM FORM

Social Security No.: _____ Group Name.: _____

Participant's Name: _____
Last
First
Middle

To: Gettysburg Health Administrators, Inc.
 PO Box 1060
 Gettysburg, PA 17325
 FAX: 888-298-1591 or 717-334-8860

The undersigned participant in the Plan requests reimbursement in the amounts shown below: (If additional space is needed please use the attached sheet.)

NOTE: Federal law requires that you submit a written statement (such as an itemized bill from the benefit provider) as well as proof that the claim is not being reimbursed by other coverage. Also, you will not be entitled to claim any reimbursed expenses as a tax deduction.

When submitting expenses the following documentation is required by Getthealth in order to process your claim. In the Medical Care Expense area, clearly indicate which plan the expense is to be reimbursed under the Account section:

- (1) Out-of-pocket expense under the group insurance plan – **Explanation of Benefits (EOB) is required**
- (2) Eligible personal expenses/non-covered items under group insurance plan – **Itemized Receipt/Bill is required**

TO INDICATE IF YOU WOULD LIKE TO HAVE DENIED HRA CLAIMS COVERED BY YOUR FSA PLEASE CHECK THIS BOX: By checking this box, I am authorizing my FSA to cover any denied HRA claims

MEDICAL CARE EXPENSE					
Date Incurred	Account (HRA/FSA/MERP)	Name of Service Provider	Describe Expense	Person Who Incurred Expense	Net Amount
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
				Amount from attached	\$ _____
				Total amount of	\$ _____

READ CAREFULLY

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form, were incurred (i.e., services were provided) during a period while the undersigned was covered under the Plan with respect to such expenses and that such expenses have not been reimbursed, or are not reimbursable, under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the Plan which relate to such expense. The undersigned further understands that no medical expense tax deduction or credit is permitted for amounts for which reimbursement is made.

Employee's Signature _____

Date _____

QUALIFYING MEDICAL CARE EXPENSES

In addition to the limits imposed by the Plan on the amount and types of expenses that may be reimbursed, the law only permits reimbursement for those types of medical expenses normally deductible on your federal income tax return (without regard to the 7.5% of adjusted gross income limitation). They include, for example, expenses you have incurred for:

1. Medicine, drugs, birth control pills and vaccines that your doctor prescribed.
2. Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, acupuncturists and psychoanalysts (medical care only).
3. Medical examination, X-ray and laboratory service, insulin treatment and whirlpool baths the doctor prescribed.
4. Nursing help. If you pay someone to do both nursing and housework, you can be reimbursed only for the cost of the nursing help.
5. Hospital care (including meals and lodging), clinic costs and lab fees.
6. Medical treatment at a center for substance abuse.
7. Medical aids such as hearing aids (and batteries), false teeth, eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them.
8. Ambulance service and certain other travel costs to get medical care.

You cannot obtain reimbursement for:

1. Life insurance or income protection policies.
2. The hospital insurance benefits tax withheld from your pay as part of the Social Security tax or paid as part of Social Security self-employment tax.
3. Nursing care for a healthy baby.
4. Illegal operations or drugs.
5. Travel your doctor told you to take for rest or change.
6. Cosmetic surgery.
7. Long-term care expenses.

Qualifying medical expenses generally only include those expenses incurred for:

1. Yourself.
2. Your spouse.
3. All dependents you list on your federal tax return.

IRS Publication 502, Medical and Dental Expenses, has a checklist of most of the medical expenses that can be deducted and are therefore reimbursed under this Plan. Some other medical expenses are also reimbursable. However, regardless of any statements in Publication 502 to the contrary, expenses under this Plan are treated as being “incurred” when you are provided with the care that gives rise to the expenses, not when you are formally billed or charged, or you pay for the medical care.