



# Claim reimbursement for your FSA

When you use your FSA, you're reimbursed for IRS-qualified medical expenses. Sometimes you need to submit a receipt for this and sometimes you don't.

## Reimbursements that require receipts (manual substantiation)

### **HSA Bank Health Benefits Debit Card**

Submit an explanation of benefits (EOB) or a receipt for reimbursement when you paid upfront at the doctor's office but it's not a copay amount, or you paid for an eligible expense at the front retail counter instead of the pharmacy counter, also known as an Inventory Information Approval System (IIAS) register.

### **Credit card or check**

Submit an EOB or a receipt with the *Reimbursement Request Form* to reimburse yourself for IRS-qualified medical expenses you paid for by credit card or check.

## 5 receipt must-haves for reimbursement

- 1 Provider or retailer name.
- 2 Date of expense.
- 3 Description of expense.
- 4 Amount paid for product or service not covered by insurance.
- 5 Name of person who got the product or service.

We can't reimburse you if your receipt doesn't include these details.

<ol style="list-style-type: none"> <li>1 Provider or retailer name</li> <li>2 Date of expense</li> <li>3 Description</li> <li>4 Amount paid</li> <li>5 Name</li> </ol>	<p><b>Drug Company</b>                  Jackson, MN 55612                  555.555.5555</p> <p>CUSTOMER RECEIPT                  08/12/2016 09:32 AM</p> <p><small>MOST ITEMS CAN BE RETURNED WITHIN RETURN POLICY. BUT SOME ITEMS HAVE A RETURN POLICY LESS THAN 90 DAYS AS NOTES ON THE RECEIPT. GO TO DRUGCOMPANY.COM/RETURNS FOR DETAILS.</small></p> <table border="0"> <tr> <td>Oxcarbazepine RX004733</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td><b>Total:</b></td> <td style="text-align: right;"><b>\$40.00</b></td> </tr> </table> <p>JOHN DOE                  ACCT#*****0066</p>	Oxcarbazepine RX004733	\$40.00	<b>Total:</b>	<b>\$40.00</b>	<p><b>ABC Pharmacy</b>                  TUESDAY, 8:52 AM</p> <p><small>PLEASE TAKE OUR CUSTOMER-SATISFACTION SURVEY ONLINE FOR YOUR CHANCE TO WIN A YEARS WORTH OF YOUR FAVORITE TOOTHBRUSH.</small></p> <p>SURVEY TO                  71955537594733657</p> <p><b>DENIED</b></p> <table border="0"> <tr> <td>.....</td> <td style="text-align: right;">\$30.00</td> </tr> <tr> <td>.....</td> <td style="text-align: right;">\$10.00</td> </tr> <tr> <td><b>Total:</b></td> <td style="text-align: right;"><b>\$40.00</b></td> </tr> </table> <p>JANE DOE                  ACCT#*****2346                  Change: \$0.00</p> <p><small>FLEXIBLE SPENDING ACCT SUMMARY (FSA)                  RX ELIGIBLE TOTAL \$30.00</small></p>	.....	\$30.00	.....	\$10.00	<b>Total:</b>	<b>\$40.00</b>
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**Acceptable receipt**  
 This receipt has all the information needed for a claim.

**Unacceptable receipt**  
 This receipt has the amount paid, retailer name and name of person who got the product. It is missing key information: date of expense and description of expense.

Visit [hsabank.com](http://hsabank.com) or call the number on the back of your debit card for more information.

## How to submit receipts

You can do this in four ways: through the HSA Bank Mobile App; through the Member Website; by mail; and by fax. If you got a letter requesting additional information to process your claim, include it with your receipt.

## Reimbursements that don't require receipts (auto-substantiation)

This happens when you pay with your debit card in these ways:

**At a pharmacy that's IIAS certified** – IRS-qualified purchases are immediately verified and your claim shows as paid in the Member Website.

**You paid your plan copay upfront at the doctor's office** – It's automatically paid.

**Your payment is recurring** – You need to submit the first receipt with the *Recurring Receipt Form* (typically for orthodontics) or the *Recurring Dependent Care Request Form* for daycare services.

## Reminders and tips

**Sign up for text or email notifications** – Do this on the Member Website so you get transaction alerts.

**Watch the mail** – We'll send a reminder if we don't get the details we need to process your reimbursement.

**Save your receipts** – Don't miss out on money that's yours!

