



# ARCHDIOCESE OF ST. LOUIS FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT HEALTH CARE CLAIM FORM

<b>1. Employee Information: Complete all sections.</b>				
Employer Information	Parish/Agency Employer Name			
Employee Information	Employee's Last Name	First Name	Initial	Employees Social Security No. - -
	Home Address			
	City	State	Zip	Daytime Phone Number
<input type="checkbox"/> Check box if new address.				

<b>2. Health Care: An itemized statement is required including date of service, type of service, and total charge. Certain procedures and prescription medication is not reimbursable under the Archdiocese of St. Louis Health Reimbursement plan.</b>						
<b>ALL PRESCRIPTION DRUG CLAIMS MUST INCLUDE DOCUMENTATION FROM THE PHARMACY THAT CLEARLY IDENTIFIES THE NAME OF THE MEDICATION IN ORDER TO RECEIVE REIMBURSEMENT FROM THE ARCHDIOCESE OF ST. LOUIS HEALTH REIMBURSEMENT PLAN.</b>						
Please check <u>one</u> of the following boxes:						
<input type="checkbox"/> Charges attached are partially covered benefits under my health and/or dental insurance coverage. Enclosed is an Explanation of Benefits from my insurance. An Explanation of Benefits is required even if charges are applied to your deductible or out-of-pocket liability.						
<input type="checkbox"/> Charges are <b>not</b> a covered benefit by any insurance plan for which the patient is enrolled.						
<input type="checkbox"/> Charges attached are for reimbursement of my office visit or prescription drug co-pay due at the time of service. My insurance company does not provide an Explanation of Benefits for these services. Enclosed is an itemized receipt provided by the provider of service.						
Date (s) Incurred	Name of Person Receiving Care	Description of Expense	Provider Name (i.e., clinic, doctor, hospital)	Total Expense	Amt. Paid by Insurance	Amount Remaining
TOTAL AMOUNT OF MEDICAL EXPENSE				\$	\$	\$

<b>3. Employee Certification: Employee signature required.</b>	
I certify that the above information is correct. I understand any medical reimbursements I receive may not be included on my income tax return. I certify that I am requesting reimbursement of medical expenses, which will not be paid or reimbursed under any other plan. I certify that these expenses qualify for reimbursement under the Internal Revenue Code AND the Archdiocese of St. Louis Health Reimbursement Plan as outlined on the reverse side of this form and the Plan Document.	
I certify that I have <u>not</u> submitted any claims related to abortion, contraceptives, sterilization or artificial fertilization procedures.	
Employee's Signature:  _____	Date  Mo. / Day / Year

Please mail or fax the completed claim form and appropriate statements to:

**TRISTAR Benefit Administrators**  
5820 S Eastern Ave Ste 250 Las Vegas, NV 89119  
(800) 456-4584 Option 4  
Fax (702) 216-1623  
Email: flex@tristargroup.net

Shaded area completed by TRISTAR Benefit Administrators

Reference Number: _____	Date: _____
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## GUIDELINES FOR ELIGIBLE REIMBURSEMENTS

### PLEASE MAKE A COPY OF ALL ENCLOSURES FOR YOUR PERSONAL REFERENCE/INCOME TAX RECORDS.

If you have not submitted the medical and/or dental expense to your insurance plan(s), please do so prior to submission on this Flexible Spending Account Reimbursement form.

If you apply for reimbursement of expense that IRS later determines to be ineligible, those reimbursements may be taxed as ordinary income and certain penalties may apply, according to the Internal Revenue Code. Similar treatment will be applied to overpayment of reimbursed expenses or reimbursement for expenses that have already been reimbursed from some other source.

In general, Section 125 of the Internal Revenue Code governs the tax status of Flexible (or Cafeteria) Benefit Plans, of which Employee Reimbursement Accounts are a part. Eligibility for pre-tax reimbursement is covered specifically in Code Sections 105 and 106 (Accident/Health Plans) and Section 129 (Dependent Care).

### MEDICAL REIMBURSEMENT

Generally, any expense that is allowed under IRS Code § 213 is eligible except as shown in the Summary Plan Document. Please refer to your Flexible Benefit Plan SPD for details.

**Allowable Claims:** Below are some of the more common types of claims that are allowable for reimbursement:

- Acupuncture.
- Ambulance.
- Chiropractic related services.
- Deductible, coinsurance, and co-payments.
- Dental fees - exams, fillings, x-rays, dentures, orthodontic fees, etc.  
For orthodontic services, payment can only be considered for services actually performed during the plan year, including the initial placement fee, and monthly adjustment fees, and not the total orthodontia fee
- Hearing aids and batteries.
- Learning disability - Tutoring by licensed school or therapist as recommended by a physician.
- Laser surgery for vision improvement.
- Massage therapy.
- Medical fees such as x-ray and laboratory services.
- Menstrual Products – contraceptive prescriptions are not eligible and still require pre-approval.
- Over-the-counter drugs. For example, Antacids, allergy medicine, pain relievers, cold medicine.
- Physical Therapy or Occupational Therapy by a licensed therapist.
- Physician fees.
- Psychotherapy and psychoanalysis provided the expenses are for medical care.
- Special schools to relieve a handicapped condition.
- Vaccinations and immunizations.
- Transportation expenses, if the expenses are primarily for and essential to medical care.
- Vitamins with a letter of medical necessity
- Vision care - Eye Exams, Eyeglasses, Contact lenses, and contact lens solution.
- Weight loss programs and/or drugs prescribed to induce weight loss, provided the program is prescribed by a doctor to treat an existing disease (e.g. obesity, heart disease, or diabetes), and is not simply to improve general health.

**Ineligible Claims:** Below are some of the types of claims that are not allowable for reimbursement either by the IRS or the Archdiocese of St. Louis:

- Abortion related services, including Mifeprex or other abortion pills
- Acne products (e.g., Clearasil, Oxy10)
- Any item that does not constitute "medical care" as defined under Code § 213.
- Any item that is not reimbursable under Code § 213 due to the rules in Prop. Treas. Reg. § 1.125-2, Q-7(b)(4) or other applicable regulations.
- Automobile insurance premiums.
- Bottled water.
- Contraceptives, including, but not limited to oral contraceptives, contraceptive devices (i.e. diaphragms, IUD's, condoms), contraceptive injectables (e.g. Depo-Provera), or contraceptive implants (i.e. Norplant).
- Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease. "Cosmetic surgery" means any procedure or drug which is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease.
- Cosmetics, toiletries, toothpaste, etc.
- Costs for sending a problem child to a special school for benefits the child may receive from the course of study and disciplinary methods.
- Custodial care.
- Diaper service or diapers.
- Dietary supplements (e.g. vitamins) that are merely beneficial to the general health of the employee or the employee's spouse or dependents are not eligible for reimbursement.
- Foods associated with a weight loss program.
- Funeral and burial expenses.
- Health club dues or fitness programs.
- Health insurance premiums.
- Home or automobile improvements.
- Household and domestic help (even though recommended by a qualified physician due to an employee or dependent's inability to perform physical housework).
- In vitro fertilization, gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, or other artificial fertilization procedures.
- Long-term care services.
- Marijuana and other controlled substances that are in violation of federal laws, even if prescribed by a physician.
- Maternity clothes.
- Methotrexate, (Brand name: Trexall, Folex, Rheumatrix, and Amethopterin) and Misoprostol (Brand name Cytotec).
- Salary expense of a nurse to care for a healthy newborn at home.
- Social activities, such as dance lessons, even if recommended by a qualified physician for general health improvement.
- Sterilization, tubal ligation, or vasectomy.
- Uniforms or special clothing.