



ORTHODONTIC RECEIPT AND CLAIM SUBMISSION REQUIREMENTS

Orthodontia expenses are eligible even if payment is made in full and services have not yet been fully incurred.

There are two payment options.

1. Pay with your FSA Debit Card
2. Pay out-of-pocket and submit for reimbursement

Pay with your FSA Debit Card:

1. One-time payment/ lump sum payment
 - a. One-time payments are typically the easiest method to be quickly reimbursed for the full amount of out-of-pocket costs not covered by your insurance, or your initial payments.
 - b. One-time requests can be made once the service has started.
 - c. **Documentation Required:** save the itemized receipt and the payment contract provided by the orthodontist.
2. Pay as you go
 - a. Pay your provider each time you incur orthodontia expenses.
 - b. **Documentation Required:** save the itemized receipt and the payment contract provided by the orthodontist.
3. Monthly installment payment
 - a. This method also ensures your orthodontic payments will be spread out across multiple plan years so you can make the most of your plan (given the applicable maximum election amount).
 - b. **Documentation Required:** Your contract showing your monthly installment and length of treatment.

Please Note: If you are submitting a valid contract, the claim will automatically substantiate the monthly charges for debit card swipes to match the length of the treatment plan if the contract is submitted and the payment amount matches the contract.

Please Note: If you are submitting a valid receipt, this will substantiate each month for 1 year upon the acceptance of the receipt.



Pay out of pocket and submit for reimbursement:

There are THREE ways you may submit a claim for orthodontia services. Please see below for the required information needed in order to process your claim, depending on the method in which you elect to submit.

1. **Submitting with a receipt**
 - a. Date of service is listed (Not payment date but a date of service)
 - b. Service provided is listed (Ortho treatment, Ortho Services, Ortho Fee)
 - c. Dollar amount
2. **Submitting with a contract**
 - a. A receipt needs to be submitted showing the date of payment.
 - b. The contract monthly payment/installment fee/initial fee matches the amount you are claiming.
 - c. The contract states the length of treatment and the treatment dates fall within the plan year.
 - d. The contract states the type of treatment. (Orthodontics, Braces).
3. **Pay yourself back for upfront payments made for Orthodontics**
 - a. Claim form filled out and signed
 - b. A copy of the payment information
 - c. A copy of the contract stating the length of treatment.
 - d. A letter indicating the amount that you were already reimbursed from a previous plan year, if applicable.

Examples of Acceptable and Unacceptable Receipts:

Example 1

1. Provider Name: Family Dentist
2. Date of Service: 9-15-16
3. Description of Service: Band adjustment
4. Monthly Installment \$85.00



1 Family Dentist					
Address Here, ABC Street, NY 10056 * Phone: 555-555-5555 * Fax: 555-555-5555 * Email: emailaddress@email.com * Website: www.websiteaddress.com					
Dental Invoice					
Invoice No. 4826			Date: 9-15-16 2		
Patient Name: John Doe					
Address: 789 Maple Street Yourtown, WV 12345					
Contact Number: 1568AE		Age: 16			
Gender: M/F			Mode of Payment:		
Serial #	Description	MU	Qty	Amount	
589	Band adjustment 3		5	\$85.00	4



Example 2

1. Provider Name: Sample Dentist
2. **Date of Service: Missing**
3. **Description of Service: Missing**
4. Monthly Installment 168.00



1 Sample Dentistry 124 Main Street Youtown, WV 12345 Phone: (123) 456-7891						
Jane Doe - 789 Maple Street - Youtown, WV 12345					Account: 4826	
Date	Patient	Description	Tooth	Performed By	Reference	Amount
9-25-07		Previous Balance				\$168.00
9-30-07		Visa Payment				(\$168.00)
Jane Doe John Doe					Scheduled Appointments: 11-15-07 3:30PM 11-15-07 3:30PM	New Balance: \$0.00

Examples of an Acceptable Orthodontia Contract:




1. Provider Name
2. Description of Service
3. Length of treatment
4. Monthly Installment Amount
5. Start date of installments

Note: The contract must include service dates in the same plan year that you filing the claim for. However, the orthodontia contracts do typically cover more than 1 plan year so you must provide documentation that shows there is a service in each plan year that you are submitting claims for.

1 Sample Dentistry	
5 DATE: 9/19/2016	
FEDERAL TRUTH IN LENDING STATEMENT REGARDING: John Doe (PATIENT NAME)	
2 Fee for Orthodontic Service	\$ 5776.00
Fee Includes: Orthodontic Treatment RFL Program Mouthguard (circle all that apply)	
Initial Payment	\$500.00
Expected Insurance Allowance*	\$3000.00
New Year New You	\$500.00
Balance to be Financed	\$1776.00
Monthly Payment: \$100.00 (Oct., Nov., Dec.) \$82.00 beginning Jan. 2017 auto debited on the 15 th of each month	
*If this is not paid by insurance for any reason, it becomes your obligation. 3	

IMPORTANT: You will have to provide a receipt/contract each year since the reoccurring expense can only be set up for a 12-month period of time.

Contact Customer Service: Monday – Friday 8: 30am-5:00pm EST

 (603) 647-1147 Option 1
  (866) 978-7868
  customerservice@hrcts.com