



Flexible Spending Account Reimbursement Overview and Instructions for Orthodontia Claims

To document your eligible orthodontic expenses each plan year, you will need an Orthodontic Payment Agreement or a fully itemized Treatment Plan from your orthodontist/dentist. Documentation from your orthodontist/dentist must include:

- Date treatment began (date appliances are placed)
- Estimated length of treatment period, including start date and end date
- Total cost of treatment (summary of charges owed by member, after insurance)
- Your out-of-pocket costs for the down payment and monthly payments, including the date that the first monthly installment is due. Out-of-pocket cost is defined as the amount you are responsible for after insurance reimbursement, whether the insurance reimbursement is made to your orthodontist or sent to you.

To calculate your monthly eligible expense, please use the Orthodontia Reimbursements Worksheet available at **healthpartners.com** and include this with your claim. Once your documentation is on file with us, there is no need to attach a proof of payment receipt to each FSA claim form. Simply indicate the month of the visit and the amount due for that month.

Due to recent IRS ruling, some employers allow reimbursement as paid. The payment must be made during the plan year of your election. Check with your employer to determine if this is available.

Claims Submission

Orthodontic claims can be submitted periodically to request reimbursement or a request can be made for the expenses to be set up as a recurring claim. A recurring claim allows you to submit the claim request for the entire plan year based on the reimbursement calculation determined below.

To set up a recurring claim, submit a claim form that includes:

- The first month of expense requested
- The last month of expense requested
- The monthly reimbursement amount as determined below
- A statement indicating that it is a recurring claims request

Recurring claims will be automatically processed each month for the current plan year. If the expenses continue past the end of the plan year, a new recurring claim request will be required.

Reimbursement

Like other healthcare expenses, orthodontic expenses are reimbursable as the treatment is provided, *not* the date the service is billed or paid. Only expenses for services provided during a coverage period are eligible for reimbursement. In many cases, participants will have eligible orthodontic expenses in more than one plan year. Please consider this when making your annual FSA election.

- Initial payments for records or the down payment can be reimbursed up front with proof of payment
- Remaining balance due will be reimbursed as service is incurred as follows:
 - According to monthly installment schedule, if one exists
 - In equal monthly amounts based on length of treatment
- Reimbursements are made based on the monthly amount due, regardless of what has been paid

Example - Monthly Installments

Total Fee/Member Liability: \$ 2,700
 Initial Fee (down payment): \$ 300
 Estimated Treatment Period: 2/1/2010 – 1/1/2011
 Payment Schedule: 24 monthly payments of \$100

Month	2010
January	\$ -
February	\$ 400 (includes initial down payment amount of \$300)
March - December	\$ 100 each month



Orthodontia Reimbursement Worksheet

Patient name: _____

Date treatment begins: _____

Estimated date treatment ends: _____

- A) Total cost of orthodontia services \$ _____
- B) Estimated insurance \$ _____
- C) Discount(s) \$ _____
- D) Patient portion \$ _____
(Subtract B and C from A)
- E) Initial payment due (down payment) \$ _____
- F) Remaining balance \$ _____
(Subtract D from E)
- G) Estimated length of treatment (# months) _____
- H) Monthly amount eligible \$ _____
(Divide F by G)
- I) First monthly payment due date _____

Employer Name

Employee Name – Please Print

Provider Name – Please Print

Provider Signature (required only if no Payment Agreement or Treatment Plan is included)

If you have any questions regarding how orthodontic reimbursement works, please contact HealthPartners Member Services Monday – Friday, 7 a.m. to 6 p.m. Central Standard Time at 952-883-7000.