Spending Account Service Center
2300 Renaissance Boulevard
King of Prussia, PA 19406
(800) 580-6854

Health Care FlexibleSpending Account Claim Form

Employee Information

Employer Name			
Name	Date of Birth	Employee ID Number	
Street Address	City	State	Zip Code

List of Reimbursable Expenses

Attach corresponding itemized bills, receipts, or insurance carrier's explanation of benefits

Patient Name	Description of Expense	Date of Service	Provider of Service	Amount of Expense	Suffix (office use)

Total Expenses:

Authorization

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for myself and/or my legal dependent(s). I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount of expenses requested above and the total amount of the attached receipts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

Employee Signature: _____ Date: _____

How To File A Health Care Flexible Spending Account Claim

- **Step One**
  - Complete the **Employee Information** section of the claim form.
- **Step Two**
  - Complete the **List of Reimbursable Expenses** section of the claim form.

  - Attach one or both of the following as supporting documentation to your claim:
    - **Fully Itemized Bills, receipts or statement** including dates of service, name of claimant, type of service, and cost of service from doctor, dentist, pharmacy, or other provider of service, showing any third party payment made on account. **If a receipt is submitted for a service that would generally be covered by Health Insurance, then an Explanation of Benefits will be required**.
    - **Explanation of Benefits** indicating deductible, co-insurance, and ineligible amounts not covered by any health plan under which you and/or your eligible dependents are covered.

Note: Services will not be reimbursed based upon an Insurance estimate, or prior to services being rendered.

- **Step Three**
  - Sign and date the **Authorization** section of the claim form.

- **Step Four**
  - Retain copies of the claim form and supporting documentation for your records. Documents submitted will not be returned to you.

- **Step Five**
  - Send the completed claim form and supporting documentation to:

Spending Account Service Center
FSA Claims Processing
2300 Renaissance Boulevard
King of Prussia, PA 19406
Fax number: 1-800-595-4642

Please file your claim promptly, in the plan year in which charges were incurred. It is not necessary to accumulate your claims and submit only at year-end. That way, if additional information is needed, it can be requested as soon as possible.

Please visit https://benefits.plansource.com/logon/Barnes to view your claim and check reimbursement status.

Types of Reimbursable Expenses

Reimbursable expenses can include, but are not limited to, the following examples:

- Office Visit Copays
- Prescription Copays
- Routine Eye Exams, eye glasses and contact lenses
- Dental Care not covered by insurance (not including routine hygiene products)
- Insurance deductibles and coinsurance
- Over-The-Counter Eligible Medical Care Items (with Letter of Medical Necessity)
- Orthodontics, based upon the Original Orthodontic Contract

For more information on eligible expenses under the Health Care Flexible Spending Account, please refer to IRS Publication 502 or the Health Care Flexible Spending Account Eligible Expense List. Both of which can be found at the Spending Account Service Center.

For questions regarding your Health Care Flexible Spending Account, please call the Spending Account Service Center at 1-800-580-6854.