



Spending Account  
Service Center

2300 Renaissance Boulevard  
King of Prussia, PA 19406  
(800) 580-6854

## Limited Purpose Health Care Flexible Spending Account Claim

### 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  
(See reverse side for instructions)

Patient Name	Description of Expense	Date of Service	Provider of Service	Amount of Expense	Limited Purpose Health Care Post Deductible <b>Have you met your health plan deductible?</b> If yes, EOB must be provided.	Suffix (office use)
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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: \_\_\_\_\_

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• **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.*

**The Limited Purpose Health Care Flexible Spending Account can only reimburse eligible dental, vision and preventive care expenses that are not reimbursable by another health plan. Qualified medical expenses are not reimbursable unless they are incurred after you meet the \$1,500 Deductible Plan or \$2,850 Deductible Plan deductible for the plan year (that is, the individual or family deductible, depending on your level of coverage).**

• **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.**

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

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