

## FREQUENTLY ASKED QUESTIONS

- **Q: What additional information must I submit for a Dependent Care Assistance Program Claim (DCAP) ?**
- **A:** We will need your signature on the claim form. We will need the name, Tax ID number, and signature of the provider keeping the child.
- **Q: Should I present my insurance card if I am going to use my flex account to pay for the doctor's bill?**
- **Yes.** Most pharmacies, hospitals and doctor's offices will discount your bill if you have an insurance card. You want the discounted amount. If you overpay the bill by using your flex account, you will be required to repay the plan.
- **Q: What do I have to provide for a hospital visit ?**
- **A:** Generally you should wait for your insurance carrier to pay the hospital bill. You will receive an Explanation of Benefits which will have the discounted amount and it will show your true out-of-pocket amount.
- **Q: What do I have to provide for a Doctor's visit?**
- **A:** Ask the cashier for a statement of service. This should provide the necessary documentation.
- **Q: What do I have to provide for a pharmacy charge?**
- **A:** The receipt that is attached to your prescription should contain the information that is required. Please submit it with your signed reimbursement request.
- **Q: What should I provide for over-the-counter items?**
- **A:** Make sure your receipt has the date of purchase and a good description of the items as well as the amount.
- **Q: What receipts will not be reimbursed?**
- **A:** Generic receipts, credit card receipts, and paid on account receipts.



### WERNTZ & ASSOCIATES, INC.

Shreveport	Tulsa
2020 East 70th Street	5800 East Skelly Drive
Suite 100	Suite 1235
Shreveport, LA 71105	Tulsa, OK 74135
Phone: 318-797-2554	918-663-4224
Fax: 318-798-3206	918-622-6907
Email: werntz@werntz.com	werntz@tulsa-ok.net
<a href="http://www.werntz.com">www.werntz.com</a>	



Actuaries, Consultants &  
Administrators  
for Employee Benefit Plans

## REIMBURSEMENT GUIDELINES FOR FSAS AND DCAPS

WERNTZ & ASSOCIATES, INC.

ACTUARIES, CONSULTANTS  
& ADMINISTRATORS FOR  
EMPLOYEE BENEFIT PLANS



# STREAMLINE YOUR REIMBURSEMENTS

## HOW DO I REQUEST A REIMBURSEMENT?

**Claim Form:** Each reimbursement should have a claim form submitted with it. This form must be signed by the participant. The supporting receipts, Explanation of Benefits, or other documentation should be attached. Excessive stapling of receipts will slow down the processing of your reimbursement.

**Receipts.** Attach the receipts to the form to document the reimbursement being requested.

**Fax.** You may fax the claim form and receipts to 318-798-3206. Please use a cover page directing the information to the Cafeteria department.

**Internet.** You may scan your claim form and receipts into a PDF format and submit them over the Internet. Please e-mail your completed claim form and receipts to cafeteria@werntz.com. You may also enter your own claims by going to [www.werntz.com](http://www.werntz.com) and selecting Participant Access. You will then be asked for your user ID and password. The user ID is your social security number. Once this has been entered you may submit your claim under claim submission on the left menu bar. Please send a copy of your signed claim form along with your receipts by e-mail, fax or regular mail.

**Mail.** You may send your claim form and receipts to P.O. Box 5606 Shreveport, LA 71135-5606. Please send them: Attn: Cafeteria Department.

## DENIAL OR REQUEST FOR INFORMATION LETTERS

It is our goal to reimburse you as rapidly as possible, but we must work within the IRS guidelines to protect the plan's tax status as well as your tax-free reimbursement. Sometimes we can not reimburse because the receipts are incomplete or do not fall within the guidelines.

### Denial Letters

- ◆ **You have exhausted your benefits.** In this case, you have no more benefits for this plan year.
- ◆ **Date of service not in current plan year.** In this case, we are not permitted to reimburse these amounts.
- ◆ **Duplicate Claims:** We have already processed this request on an earlier date.

### Request for Information Letters

- ◆ **Incomplete Information:** Your receipts are incomplete, or we can not determine that the reimbursement is permitted.
- ◆ **Medical Necessity:** Some expenses are not usually covered, but may require a statement of medical necessity to allow us to reimburse those expenses as required by a physician. We are requesting this information in an effort to help you be reimbursed for valid expenses.

## WHY DO I HAVE TO HAVE RECEIPTS?

The Internal Revenue Service requires that all reimbursements have documentation. Without proper documentation the money paid to you would be subject to taxes. All of the benefits offered through the plan are paid for with no federal or state taxes.

## WHAT IS REQUIRED?

Each receipt submitted must contain these 5 items, otherwise your claim can not be paid.

1. **Provider's Name.** The name of the service provider should be on the documentation, not just a generic receipt.
2. **Service Date.** The date that service was actually performed. The date that the payment is made for the service is not important, only the date the service was performed. The plan may not pay for services not yet performed even if a contract has been signed for future services.
3. **Patient's Name.** The name of the person receiving treatment. The plan may only pay for the plan participant and legal dependents. Only expenses for patients who are your legal dependents may be reimbursed.
4. **Service Rendered.** The type of service rendered, such as office visits, hospital stays, prescription drugs, or over the counter items. The prescription drugs should have an Rx number.
5. **Amount.** The amount charged for the service or item. This amount should be after the discount for insurance is applied.