

MAIL CLAIM FORM TO:

UnitedHealthcare
PO Box 981178
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Fax: (915) 781-1085 Phone: (877) 311-7849

UnitedHealthcare
A UnitedHealth Group Company

FLEXIBLE SPENDING ACCOUNT (FSA) CLAIM FORM - INSTRUCTIONS

Please complete the information on the other side of this page and review the following reminders to ensure accurate and timely processing of your request:

Is your Participant ID number (social security number) included on the form?

Is your Employer Name and FSA Group Number included on the form?

(You can find FSA Group Number printed on your FSA Explanation of Benefits (EOBs) or Plan documents.)

Is your Total requested amount included on the form?

(Requested reimbursements should be accumulated and submitted only after they total the minimum dollar amount specified by your plan.)

Did you attach copies of your itemized documentation with your request?

Did you sign and date the bottom of this form?

Have you made copies of your request for your own personal records?

Each expense that you submit for reimbursement must be properly documented.

Acceptable forms of documentation include Explanation of Benefits form (EOBs) from insurance companies and bills from providers of services.

A bill from a provider must be on the provider's letterhead or billing form, and must include the following information:

- name of the patient/dependent
- date of billing
- date of service
- description of service
- amount charged for service.

Bills for prescription drugs and eligible equipment, appliances or supplies must include the above information and must also indicate the following:

- description of item
- prescription number
- name of prescribing physician
- date of purchase (or rental date in the case of eligible equipment, appliances or eligible supplies).

Only EOBs and itemized bills will be accepted. Bills showing "Balance Forward," "Amount Due," or similar wording, are not acceptable. Cancelled checks are not acceptable.

***** IMPORTANT *** READ CAREFULLY *****

YOU MAY SUBMIT A REQUEST FOR REIMBURSEMENT NO LATER THAN MARCH 31 OF THE YEAR FOLLOWING THE PLAN YEAR IN WHICH THE EXPENSE IS INCURRED.