



## ORTHODONTIC RECEIPT AND CLAIM SUBMISSION REQUIREMENTS

Orthodontia expenses are eligible even if payment is made in full and services have not yet been fully incurred.

### There are two payment options.

1. Pay with your FSA Debit Card
2. Pay out-of-pocket and submit for reimbursement

### Pay with your FSA Debit Card:

1. One-time payment/ lump sum payment
  - a. One-time payments are typically the easiest method to be quickly reimbursed for the full amount of out-of-pocket costs not covered by your insurance, or your initial payments.
  - b. One-time requests can be made once the service has started.
  - c. **Documentation Required:** save the itemized receipt and the payment contract provided by the orthodontist.
2. Pay as you go
  - a. Pay your provider each time you incur orthodontia expenses.
  - b. **Documentation Required:** save the itemized receipt and the payment contract provided by the orthodontist.
3. Monthly installment payment
  - a. This method also ensures your orthodontic payments will be spread out across multiple plan years so you can make the most of your plan (given the applicable maximum election amount).
  - b. **Documentation Required:** Your contract showing your monthly installment and length of treatment.

**Please Note:** If you are submitting a valid contract, the claim will automatically substantiate the monthly charges for debit card swipes to match the length of the treatment plan if the contract is submitted and the payment amount matches the contract.

**Please Note:** If you are submitting a valid receipt, this will substantiate each month for 1 year upon the acceptance of the receipt.



### Pay out of pocket and submit for reimbursement:

There are THREE ways you may submit a claim for orthodontia services. Please see below for the required information needed in order to process your claim, depending on the method in which you elect to submit.

1. **Submitting with a receipt**
  - a. Date of service is listed (Not payment date but a date of service)
  - b. Service provided is listed (Ortho treatment, Ortho Services, Ortho Fee)
  - c. Dollar amount
2. **Submitting with a contract**
  - a. A receipt needs to be submitted showing the date of payment.
  - b. The contract monthly payment/installment fee/initial fee matches the amount you are claiming.
  - c. The contract states the length of treatment and the treatment dates fall within the plan year.
  - d. The contract states the type of treatment. (Orthodontics, Braces).
3. **Pay yourself back for upfront payments made for Orthodontics**
  - a. Claim form filled out and signed
  - b. A copy of the payment information
  - c. A copy of the contract stating the length of treatment.
  - d. A letter indicating the amount that you were already reimbursed from a previous plan year, if applicable.

### Examples of Acceptable and Unacceptable Receipts:

#### Example 1

1. Provider Name: Family Dentist
2. Date of Service: 9-15-16
3. Description of Service: Band adjustment
4. Monthly Installment \$85.00



Serial #	Description	MU	Qty	Amount
589	Band adjustment		5	\$85.00



**Example 2**

1. Provider Name: Sample Dentist
2. Date of Service: Missing
3. Description of Service: Missing
4. Monthly Installment 168.00



<div style="text-align: right;"> <b>1</b> Sample Dentistry          124 Main Street          Youtown, WV 12345          Phone: (123) 456-7891       </div>						
Jane Doe - 789 Maple Street - Youtown, WV 12345				Account: 4826		
Date	Patient	Description	Tooth	Performed By	Reference	Amount
9-25-07		Previous Balance				\$168.00
9-30-07		Visa Payment				(\$168.00)
Scheduled Appointments						New Balance: \$0.00
Jane Doe			11-15-07 3:30PM			
John Doe			11-15-07 3:30PM			

**Examples of an Acceptable Orthodontia Contract:**

1. Provider Name
2. Description of Service
3. Length of treatment
4. Monthly Installment Amount
5. Start date of installments

**Note:** The contract must include service dates in the same plan year that you filing the claim for. However, the orthodontia contracts do typically cover more than 1 plan year so you must provide documentation that shows there is a service in each plan year that you are submitting claims for.

**IMPORTANT:** You will have to provide a receipt/contract each year since the reoccurring expense can only be set up for a 12-month period of time.

<div style="text-align: right;"> <b>1</b> Sample Dentistry       </div>	
<b>5</b> DATE: 9/19/2016	John Doe <i>(PATIENT NAME)</i>
FEDERAL TRUTH IN LENDING STATEMENT REGARDING:	
<b>2</b> Fee for Orthodontic Service .....	\$ 5776.00
<i>Fee Includes: Orthodontic Treatment RFL Program Mouthguard</i> <i>(circle all that apply)</i>	
Initial Payment .....	\$500.00
Expected Insurance Allowance* .....	\$3000.00
New Year New You .....	\$500.00
Balance to be Financed .....	\$1776.00
Monthly Payment: \$100.00 (Oct., Nov., Dec.) \$82.00 beginning Jan. 2017 auto debited on the 15 <sup>th</sup> of each month	
<b>*If this is not paid by insurance for any reason, it becomes your obligation.</b>	

**Contact Customer Service: Monday – Friday 8: 30am-7:30pm EST**

(603) 647-1147 Option 1 
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