



MoneyPlus Claim Form

Dependent Care Spending Account and Medical Care Spending Account



Name (Last, First, MI)		Social Security number		Employer name	
				S.C. PEBA-MoneyPlus	
Mailing address			City	State	Zip

Dependent Care Spending Account

Payment is allowed only for services that have already been provided and not for services to be provided in the future. To substantiate your claim, submit an itemized statement from your provider or have your provider(s) sign below to certify the care was provided. If your provider signs below, no other supporting documentation is required. Expenses must be incurred to allow you, and if married, your spouse, to work, and must be for the care and well-being of a dependent. Expenses for overnight camps, lessons or classes to learn a specific skill or sport, educational sessions or classes are not eligible.

Name of dependent	Age	Dates care was provided (No future dates) MM/DD/YY thru MM/DD/YY	① Name/address of care provider/facility		Amount requested
			② Type of dependent care service (Daycare, day camp, preschool, after school care, etc.)		
			①		\$
			②		
			①		\$
			②		
			①		\$
			②		
Total					\$

Day care provider or facility certification:

I certify that I provided dependent care services as detailed above.

Print name: _____

Signature: _____

Date: _____

Day care provider or facility certification:

I certify that I provided dependent care services as detailed above.

Print name: _____

Signature: _____

Date: _____

Medical Spending Account

Follow the instructions on Page 2 and submit correct documentation to ensure your claim is processed quickly.

Date(s) of service	Health care provider	Type of expense (Office visit, crown, eyeglasses, Rx, etc.)	Patient name	Relationship to you	Amount requested
					\$
					\$
					\$
					\$
					\$
					\$
Total					\$

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me, an eligible spouse or an eligible dependent during a period while I was covered under my employer's plan; that the expenses have not been reimbursed; and that reimbursement will not be sought from any other source. I certify any claimed dependent care expenses are work-related to allow me and, if married, my spouse, to work are primarily for the protection and well-being of my dependent(s) and were provided for my dependent(s) under age 13 or for my dependent who is incapable of self-care. I certify that any claimed dependent care expenses are not for overnight camps, lessons or classes to learn a specific skill or sport, or for educational sessions or classes. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the plan, I may be liable for payment of all related taxes including federal, state or local income tax on amounts paid from the plan which relate to such expense. A claim will only be processed with a completed and signed claim form and correct documentation. Claims are not accepted by email due to privacy and security concerns.

Employee signature _____ Date _____

FAX TO: 877.879.9038

Page _____ of _____

No cover page required

MAIL TO: ASIFlex

P.O. Box 6044

Columbia, MO 65205-6044

FILE ONLINE OR VIA MOBILE APP:

asiflex.com/SCMoneyPlus

No paper claim form required

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How to file claims

IRS guidelines require specific documentation to substantiate each claim submission. The following chart provides an easy description of how to file claims. It also includes the type of documentation that is acceptable and not acceptable. **Keep original documentation for your records and submit a legible copy with your claim. Claims are not accepted by email due to privacy and security.**

Filing Dependent Care Spending Account claims	
Work-related child or elder daycare	<p>Complete the MoneyPlus claim form and include:</p> <ul style="list-style-type: none"> • Provider signature on the claim form; or • Itemized statement from provider showing provider name/address, date the services were provided, name of dependent for whom the care was provided, type of service (daycare, day camp, preschool, after-school care, etc.) and dollar amount you owe. <p>Do not submit claims for services that have not yet been provided or future dates of service. Expenses must be work-related and for the care and well-being of a dependent. Expenses paid for overnight camps, lessons or classes to learn a specific skill or sport, educational sessions or classes are not eligible.</p>
Filing Medical Spending Account claims	
If covered by insurance	<p>It is recommended that you file a claim with your insurance carrier first and obtain an insurance explanation of benefits (EOB) as follows:</p> <ol style="list-style-type: none"> 1. Have your provider submit a claim to insurance payer first. 2. Insurance payer will send you an Explanation of Benefits (EOB), which shows the amount you owe. 3. Complete the MoneyPlus claim form to request reimbursement of the amount you owe after insurance has paid. <p><i>Hint: You can register with your insurance carrier to view your account and obtain EOBs.</i></p>
Prescriptions	<p>Complete the MoneyPlus claim form and include:</p> <ul style="list-style-type: none"> • Pharmacy or mail order statement showing patient name, name of drug/item, date filled, dollar amount; or • Itemized printout of prescription from pharmacy. <p><i>Hint: You may be able to register on your pharmacy website to view your account and obtain an itemized list of prescriptions.</i></p>
Over-the-counter drugs/medicines	<p>Complete the MoneyPlus claim form and include:</p> <ol style="list-style-type: none"> 1. Cash register receipt showing merchant name, date, product description, dollar amount; and 2. Written prescription from the patient's attending physician. <p>Examples are antacids and digestive aids, allergy and sinus, antibiotic products, anti-diarrheal and laxatives, anti-gas products and stomach remedies, anti-itch and insect bite treatments, baby rash ointments, cold sore remedies, cold/cough/flu/pain relief products, motion sickness, respiratory treatments, sleep aids/sedatives, etc. Some alternative treatments may require a <i>Letter of Medical Necessity</i> from the patient's attending physician.</p> <p><i>Hint: Check your drugstore website as many have online spending account sections that are an excellent sources of information.</i></p>
Over-the-counter medical items	<p>Complete the MoneyPlus claim form and include:</p> <ul style="list-style-type: none"> • Cash register receipt showing merchant name, date, product description and the dollar amount paid. <p>Physician prescription is not required for items that are not a drug or medicine. Examples are bandages, birth control, braces and supports, catheters, contact lens supplies and solutions, denture adhesives, diagnostic tests and monitors, elastic bandages and wraps, first aid supplies, insulin and diabetic supplies, ostomy products, reading glasses, wheelchair, walkers, canes, etc.</p> <p><i>Hint: Check your drugstore website as many have online spending account sections that are an excellent source information.</i></p>
If not covered by insurance	<p>Complete the MoneyPlus claim form and include an itemized statement that clearly shows:</p> <ol style="list-style-type: none"> 1. Provider name/address; 2. Date service was provided (not the date you paid for the service); 3. Patient name; 4. Description of service (eye exam, x-ray, crown); and 5. Dollar amount you owe (regardless if paid). <p><i>Hint: Your health care provider may not automatically provide an itemized statement, so you may need to ask for it.</i></p>
Orthodontia	<p>Complete the MoneyPlus claim form and include:</p> <ul style="list-style-type: none"> • Payment coupon and payment receipt for monthly appointment; or • Itemized statement and payment receipt if claiming one upfront payment.
Unacceptable documentation	
<p>IRS rules are strict. Examples of unacceptable claim documentation are:</p> <ul style="list-style-type: none"> • Cancelled checks, credit card receipts or pre-treatment estimates of services to be provided in the future. • Statements that are not itemized and say "balance forward," "previous balance due" or "paid on account." • Statements for service that has not yet been provided or future dates of service. • Statements that do not include the provider name, date service was provided, patient name, description of service and dollar amount you owe. <p><i>Hint: Simply follow the documentation guidelines above to ensure your claim is processed as quickly as possible.</i></p>	
<p>Go green!</p> <p>Simplify your life, reduce paper, avoid mail delays and receive information faster. Switch to e-delivery to have claim payments deposited to your bank account, and to receive email and text alerts.</p>	