



## INSTRUCTIONS

Fill out all sections of this form. **PLEASE TYPE OR PRINT.** Once you have completed the form, **SIGN** and **DATE** it. Retain copies of all documents for your records. Submit your claim to UAS via mail or fax.

**Failure to comply with these instructions may result in your claim being delayed or returned to you.**

### SECTION II HEALTH CARE EXPENSES (Medical, Dental, Hearing, Vision Care)

Before requesting reimbursement from your Medical Reimbursement Account, you must **first** submit your expenses to any other benefit plan or program under which you are eligible for benefits. If your expenses are not paid in full or are not covered, you may then request reimbursement from your Medical Reimbursement Account.

#### A. FILLING OUT THE FORM:

Indicate date of service, type of service (medical, dental, hearing, vision care, or other), service provider, who incurred the expenses and their relationship to you (i.e., self, spouse, or dependent), and the amount to be reimbursed from your Medical Reimbursement Account. If you did not submit a claim to your insurance carrier, please explain why in the comment section.

#### B. SUPPORTING DOCUMENTATION:

1. An Explanation of Benefits from your insurance carrier if the expense were eligible for reimbursement from any other benefit plan or program but were not paid in full; **OR**
2. Invoices or receipts indicating ALL of the following:
  - Provider's name and address
  - Date of service
  - Itemized breakdown of services and supplies or name of OTC item
  - Total charges / Insurance carrier's portion to pay
  - Recipient of services/patient's name

#### C. UNACCEPTABLE DOCUMENTATION:

- Credit card receipts
- Cancelled Checks
- Balance forward statements

### EXAMPLES OF ELIGIBLE HEALTH CARE EXPENSES (Not Inclusive)

Acupuncture Alcoholism Substance Abuse Treatment Ambulance Artificial Limbs or Teeth Birth Control Pills Chiropractors Christian Science Practice Coinsurance Payments Contact Lenses, Cleaners and Solutions	Crutches Deductibles Dental Fees (non-cosmetic) Eyeglasses and Eye Exams Fertility Treatments Hearing Aids/Batteries Hospital Services Insulin Laboratory Fees Laser Eye Surgery Learning Disability	Medical Monitoring & Testing Devices Medical Services Orthodontia (Limited to Treatment during Plan Year) Osteopath Oxygen Equipment Physical Exams Podiatrist Pregnancy Tests Prescriptions and Over-the Counter drugs	Psychiatric Care Psychologist Rehabilitative Physical Therapy Speech Training Sterilization Smoking Cessation Program Vaccines Viagra Wheelchair X-Ray Fees
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