

COMPANY/CLIENT NAME		CLIENT # (BRMS USE ONLY)
EMPLOYEE NAME		E-MAIL ADDRESS
ADDRESS (Complete only if a new address)		
SOCIAL SECURITY NUMBER	EMPLOYEE PHONE NUMBER (including area code)	

HEALTH CARE EXPENSE CLAIM

Claim #	Member Name	Relationship to Employee	Date(s) Service Performed	Description	Provider	Amount
1						
2						
3						
4						
Reminders: <ul style="list-style-type: none"> Enclose a copy of all bills for reimbursement. If expense is covered by Insurance, submit to appropriate carrier prior to submitting claim to BRMS. An E.O.B. will be necessary to verify appropriate financial responsibility and reimbursement amounts. Attach an Explanation of Benefits from the insurance carrier. Verify that bills contain the date and description of service, the amount, and the provider's name stamped on receipt. Sign your claim form. BRMS may request further information if necessary to process your claim according to IRS guidelines. 						TOTAL HEALTH CARE EXPENSE CLAIM: \$
Acceptable Documentation includes the following: <ul style="list-style-type: none"> a.) Explanation of Benefits (EOB) from insurance carrier b.) Itemized Statement or bill from your provider which includes: <ul style="list-style-type: none"> Provider name Patient name Description of service Original date of service (the date of service, not the date of payment, must fall within the plan year for which you are enrolled.) Patient portion of charge(s) 			c.) Pharmacy Statement which includes: <ul style="list-style-type: none"> Patient name Prescribing physician RX number Name of the drug Date Rx was filled Co-payment amount Un-acceptable Documentation includes the following: <ul style="list-style-type: none"> Canceled checks Credit/Cash receipts with no descriptions Balance forward statements 		ORTHODONTIA IS AN EXCEPTION. We cannot accept a claim for the entire contracted amount. We will accept claims for the initial down payment usually associated with the appliances. <ol style="list-style-type: none"> Monthly payments will also be accepted as the charge for the medical services rendered for that month. If the entire orthodontia process is not complete in one visit, we can only reimburse you for the cost per adjustment visit until the entire process is complete. Please do not send Visa or MC receipts. A copy of the orthodontist contract must be submitted for first time orthodontia claims. 	

I certify that the expenses for which reimbursement is requested under my employer's Healthcare FSA Plan were incurred by myself or my eligible dependents, and that these expenses were incurred within the plan year period of my election. I also certify that the incurred expenses have not been reimbursed, and that I will not seek reimbursement, under any other plan covering health benefits. The expenses are for medical care, excluding cosmetic purposes. I will not use expenses reimbursed through my employer's Healthcare FSA Plan as deductions when filing my income tax return. I authorize BRMS to issue the amount requested above from my employer's Cafeteria Plan account in accordance with the terms and provisions of the Plan.

 Employee Signature _____
 Date

Claim cannot be processed without signature

Please mail your claim forms to: BRMS P.O. Box 6 Rancho Cordova, CA 95741 Or fax to: 866-410-0880	For questions regarding your account, please call BRMS toll free at 888-326-2555.
---	---

Expense Listing

HEALTH CARE EXPENSES THAT ARE ELIGIBLE:

The following list identifies some of the common medical, dental and health-related expenses that the Internal Revenue Service considers to be deductible expenses. These expenses are eligible for reimbursement through Healthcare FSA provided that you have not been reimbursed for them through any other benefits plan. Allowable expenses include:

<ul style="list-style-type: none"> • Abortion • Acupuncture • Alcoholism treatment • Ambulance • Artificial limbs and teeth • Birth Control pills • Braces • Braille books and magazines (to the extent prices exceed prices for regular books and magazines) • Car (special medical equipment within) • Contact lenses and solutions • Crutches • Diathermy • Examination, physical • Eye examination • Eyeglasses (prescribed only) • Fees to doctors, hospitals, etc. for: <ul style="list-style-type: none"> - Anesthesiologist - Chiropractor - Christian Science - Practitioners - Clinic charges - Dentist - Dermatologist - Gynecologist - Midwife - Neurologist - Obstetrician - Ophthalmologist - Optometrist - Osteopath, licensed 	<ul style="list-style-type: none"> - Podiatrist - Practical Nurse - Psychiatrist - Psychoanalyst (medical care only) - Psychologist (medical care only) - Surgeon • Physical Therapy type services provided at a health club • Guide dog and its upkeep • Hearing aids and batteries • Hospital Services • HMO (Health Maintenance Organization) Co-payments • Insulin • Iron Lung • Laboratory fees • Lead-based paint removal to treat lead poisoning • Lip-reading lessons • Lodging for medical care • Medical information plan • Mentally retarded, special home • Nurses' expense and board • Nursing care • Nursing Home (if for medical reasons) • Operations and related treatments • Over-the-Counter Items • Oxygen equipment • Prescription drugs and medicine • Radial Keratotomy • Rental of medical equipment • Sanitarium 	<ul style="list-style-type: none"> • Smoking Cessation Program, Prescriptions • Sterilization • Special schooling for physically or mentally handicap family member • Telephone (for the deaf) • Television equipment which displays the audio part of TV programs for the deaf • Therapy (for medical treatment) • Transplants • Transportation expense for essential medical care • Wigs to cover baldness due to medical reasons • Wheelchair • X-ray <p>HEALTH CARE EXPENSES THAT ARE TYPICALLY NOT REIMBURSABLE:</p> <ul style="list-style-type: none"> • Any illegal treatment • Cost of remedial reading classes for nonhandicapped child • Dancing or ballet, even when recommended by doctor • Dental bleaching • Diaper service • Family/marital therapy • Funeral Expenses • Insurance premiums • Over the counter items (such as vitamins and herbs) • Warranties for eyeglasses • Weight reduction programs • Cosmetic procedures
--	--	--

OVER-THE-COUNTER (OTC) Drug Guidelines for FSA Reimbursement Under IRS Revenue Ruling 2003-102

Prerequisites for reimbursing an OTC drug

- The OTC drug is primarily for medical care and is not considered a cosmetic procedure— For (1) the diagnosis of disease, (2) the cure, mitigation, treatment or prevention of disease, or (3) for the purpose of affecting any structure or function of the body.
- The OTC drug must be more than merely beneficial to general health.
- The OTC drug is for the employee, spouse or dependent.
- The expense is incurred during the coverage period.
- The OTC drug is legally procured.
- There is adequate claims verification, with a receipt that details the name of the drug, the place of purchase, and the purchase date.
- The reimbursement request does not involve an unreasonable stockpiling.
- For small quantities of OTC drugs that have a medical-only purpose, it is permissible to reimburse the expense even if the employee, spouse or dependent did not have an illness at the time of purchase (e.g., it's permissible to reimburse someone for a few bottles of aspirin to have around the house for use during the plan year)

OTC drugs will generally fall into three categories: **excludable items** will not be reimbursable under any circumstances – (e.g., toothpaste, toiletries, cosmetics, etc.); **medical-only items** will be reimbursable (in reasonable quantities) without a physician's note – e.g., antacids, allergy medicine, pain reliever and cold medicine, etc.; **dual purpose items** that may have both a medical purpose and a personal/cosmetic or general health purpose will not be reimbursable without a medical practitioner's note stating that the person has a specific medical condition and that the OTC drug is recommended to treat it and that the treatment is not a cosmetic procedure – (e.g., dietary supplements, OTC acne treatment, etc).

<p>Excludable Items: Tooth brushes, lip balm, suntan lotion, skin moisturizers, perfumes, lipsticks, fingernail polishes, eye and facial makeup, shampoos, permanent waves, hair colors, toothpastes, and deodorants, etc., or any similar preparation used for ordinary cosmetic purposes.</p>	<p>Medical Only Items: Antacids, allergy medicine, pain reliever and cold medicine, anti-diarrhea medicine, laxatives like Ex-Lax, menstrual cycle products for pain and cramp relief, cough drops, throat lozenges, sinus medications, nasal sinus sprays, nicotine gum or patches for stop-smoking purposes, special ointment or cream for sunburn (not just regular skin moisturizers), Ben Gay, Tiger Balm and similar products for muscle pain or joint pain, Pedialyte for ill child's dehydration, first aid cream, Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments, Visine and other such eye products, suppositories and creams for hemorrhoids, sleeping aids, motion sickness pills.</p>	<p>Dual Use Items: Weight-loss drugs to treat a specific disease (including obesity) but items that replace normal food consumption generally are not reimbursable (e.g., special diet drinks), pills for persons who are lactose intolerant, nasal sprays for snoring, feminine hygiene products, sunscreen, acne treatment, Glucosamine/Chondroitin for arthritis or other medical condition, St. John's Wort for depression, OTC hormone therapy and treatment for menopause to treat symptoms such as hot flashes, night sweats, etc. dietary supplements or herbal medicines to treat a specific medical condition in narrow circumstances (prenatal vitamins, fiber supplements).</p>
--	--	--