

## FAQ: Submitting Receipts for FSA Expenses

### *Why do I need to submit receipts for my Flexible Spending Account expenses?*

Your Flexible Spending Account program provides you with a significant savings since your contributions are not taxed. In return for your lower taxes, the IRS requires all expenditures to be eligible under your plan.



### *What is the best way to submit a receipt?*

You may email a scan or photograph of the receipt to [MedcomReceipts@emedcom.net](mailto:MedcomReceipts@emedcom.net), fax to **(866) 598-7800**, or mail hard copies to:

**Medcom**  
ATTN: Flex/HRA Division  
P.O. Box 10269  
Jacksonville, FL 32247-0269

### *Do I need to submit a receipt for all of my FSA expenses?*

No. Many transactions, such as copayments and most prescriptions filled at one of the major pharmacy retailers, do not require a receipt.

### *How can I avoid receiving receipt requests?*

- **Purchases at Pharmacies:** Receipts are not usually needed for purchases made at large pharmacy chains using your FSA card. This is because most of these stores use a computer program that can tell whether an item is eligible under your FSA plan. Many smaller pharmacies do not have this technology, so purchases made at these pharmacies may require a receipt to prove eligibility.
- If the transaction amount is a **copayment** amount or an amount up to 5 times the normal copayment under your employer's group medical plan, a receipt will not be requested. (EXAMPLE: if the normal copayment is \$20.00 and you spend \$99.00, a receipt will be requested because the amount is not a multiple of your normal copayment; however, if you spend \$100.00, a receipt *will not* be requested to prove the eligibility of the purchase because it is exactly 5 times the normal copayment).
- **Recurring Expenses:** Recurring expenses can be registered with Medcom by sending us an initial receipt and filling out a recurring expense form. These forms are available on our website: [www.emedcom.net](http://www.emedcom.net). You will not need to keep sending receipts for the recurring expense after it has been registered.

### *What will happen if I don't send the receipts that have been requested?*

When a plan participant fails to submit receipts for transactions that require substantiation, or if a participant fails to repay the plan for ineligible expenses, the participant's benefit card(s) will be deactivated. In addition, employers may implement payroll deductions to reimburse the plan for unsubstantiated charges. In some cases, the outstanding amounts may be added to the participant's W-2 form as taxable income. However, none of these steps will be taken before a written warning is issued and the plan participant is given an opportunity to remedy the situation.

### *How can I reactivate my card if it is deactivated?*

If your card has been deactivated, you may reactivate it by providing Medcom with the requested receipts or by repaying the plan for the amounts in question. You may also reactivate your card by submitting new claims to offset the outstanding amount.

## FAQ: Receipt Requirements for FSA Eligibility

### What information should be included?

Receipts must include the following information:

- The name of the healthcare provider
- Date of service (the date of service is the date the service is rendered and not the date the service is paid for)
- The patient's name
- An itemized listing of the products or services provided
- The total cost of the products or services
- The amount covered by insurance
- The amount for which the patient is responsible



An **Explanation of Benefits (EOB)** from your insurance carrier is always sufficient. A credit card receipt that does not include **all** of the above information is not considered sufficient.

ABC Dental Company  
123 Main St  
Anywhere, FL 12345  
(904) 123-4567

**RECEIPT**

Date	Account Number
09/15/2011	2558

Mr. John Doe  
999 Poplar St  
Anywhere, FL 12345

PATIENT NAME

ITEMIZED LIST OF SERVICES PROVIDED

Date	Tooth	Surf.	Code	Name	Description	Charges	Payments
08/02/2011			D4910	Anna	Periodontal maintenance	\$134.00	
09/15/2011			00003	Anna	Mastercard		\$134.00
						\$134.00	\$134.00
						<b>Total</b>	<b>Amount Due</b>
						\$0.00	\$0.00

DATE OF SERVICE

Total: \$0.00    **Ins. Pending: \$0.00**    Amount Due: \$0.00

AMOUNT COVERED BY INSURANCE

Future Appointment List

Name	Date	Start Time	End Time

The receipt below is insufficient to substantiate a claim



The receipt above is sufficient to substantiate a claim

Note: In order to protect the tax-deductibility of your plan, we cannot accept handwritten or self-documentation in place of the actual receipts