



Claim reimbursement for your Flexible Spending Account (FSA)

When you use your FSA, you're reimbursed for IRS-qualified medical expenses. Sometimes you need to submit a receipt for this and sometimes you don't.

Reimbursements that require receipts (manual substantiation)

HSA Bank Health Benefits Debit Card

Submit an explanation of benefits (EOB) or a receipt for reimbursement when you paid upfront at the doctor's office but it's not a copay amount, or you paid for an eligible expense at the front retail counter instead of the pharmacy counter, also known as an Inventory Information Approval System (IIAS) register.


Credit card or check

Submit an EOB or a receipt with the *Reimbursement Request Form* to reimburse yourself for IRS-qualified medical expenses you paid for by credit card or check.

5 receipt must-haves for reimbursement

- 1 Provider or retailer name.
- 2 Date of expense.
- 3 Description of expense.
- 4 Amount paid for product or service not covered by insurance.
- 5 Name of person who got the product or service.

We can't reimburse you if your receipt doesn't include these details.

1	Provider or retailer name	Drug Company Jackson, MN 55612 555.555.5555	ABC Pharmacy TUESDAY, 8:52 AM PLEASE TAKE OUR CUSTOMER-SATISFACTION SURVEY ONLINE FOR YOUR CHANCE TO WIN A YEARS WORTH OF YOUR FAVORITE TOOTHBRUSH!
2	Date of expense	CUSTOMER RECEIPT 08/12/2016 09:32 AM <small>MOST ITEMS CAN BE RETURNED WITHIN RETURN POLICY. BUT SOME ITEMS HAVE A RETURN POLICY LESS THAN 90 DAYS AS NOTES ON THE RECEIPT. GO TO DRUGCOMPANY.COM/RETURNS FOR DETAILS.</small>	SURVEY TO 71955537594733657
3	Description	Oxcarbazepine RX004733 \$40.00	 DENIED
4	Amount paid	Total: \$40.00\$30.00\$10.00 Total: \$40.00
5	Name	JOHN DOE ACCT#*****0066	JANE DOE ACCT#*****2346 Change: \$0.00 FLEXIBLE SPENDING ACCT SUMMARY (FSA) RX ELIGIBLE TOTAL \$30.00

✓ **Acceptable receipt**
This receipt has all the information needed for a claim.

✗ **Unacceptable receipt**
This receipt has the amount paid, retailer name and name of person who got the product. It is missing key information: date of expense and description of expense.

Visit hsabank.com or call the number on the back of your debit card for more information.

How to submit receipts

You can do this in four ways: through the HSA Bank Mobile App; through the Member Website; by mail; and by fax. If you got a letter requesting additional information to process your claim, include it with your receipt.

Reimbursements that don't require receipts (auto-substantiation)

This happens when you pay with your debit card in these ways:

At a pharmacy that's IIAS certified – IRS-qualified purchases are immediately verified and your claim shows as paid in the Member Website.

You paid your plan copay upfront at the doctor's office – It's automatically paid.

Your payment is recurring – You need to submit the first receipt with the *Automatic Orthodontia Request Form* for orthodontic services or the *Recurring Dependent Care Request Form* for daycare services.

Reminders and tips

Sign up for text or email notifications – Do this on the Member Website so you get transaction alerts.

Watch the mail – We'll send a reminder if we don't get the details we need to process your reimbursement.

Save your receipts – Don't miss out on money that's yours!



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