



Q&A: Submitting Receipts

- Q. Why do I need to submit receipts for my Flexible Spending Account expenses?
- A. 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.
- Q. What is the best way to submit a receipt?
- A. The best way to submit a receipt is through the online portal at <https://medcom.wealthcareportal.com> or through the mobile app. You may also email a scanned copy or photograph of the receipt to MedcomReceipts@medcombenefits.com, or fax to (877) 723-0149.
- Q. Do I need to submit a receipt for all of my FSA expenses?
- A. No. Many transactions, such as copayments and most prescriptions filled at one of the major pharmacy retailers, do not require a receipt.
- Q. How can I avoid receiving receipt requests?
- A.
- **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 at www.medcombenefits.com. You will not need to keep sending receipts for the recurring expense after it has been registered.
 - **Our partner, FSA Store,** is a convenient source for Flexible Spending Account participants, as it is the only e-commerce site exclusively stocked with FSA eligible products. There is no guesswork about FSA reimbursement on the site, because products are clearly marked showing which ones require a prescription, and which ones do not. In addition to thousands of products, the site has various resources (including an FSA Learning Center and FSA Calculator) to help participants better understand and use their FSA. FSA Store features 24/7 customer service via live chat, phone, and email. To visit FSA Store, please go to www.medcombenefits.com or <https://medcom.wealthcareportal.com> and click on the banner.

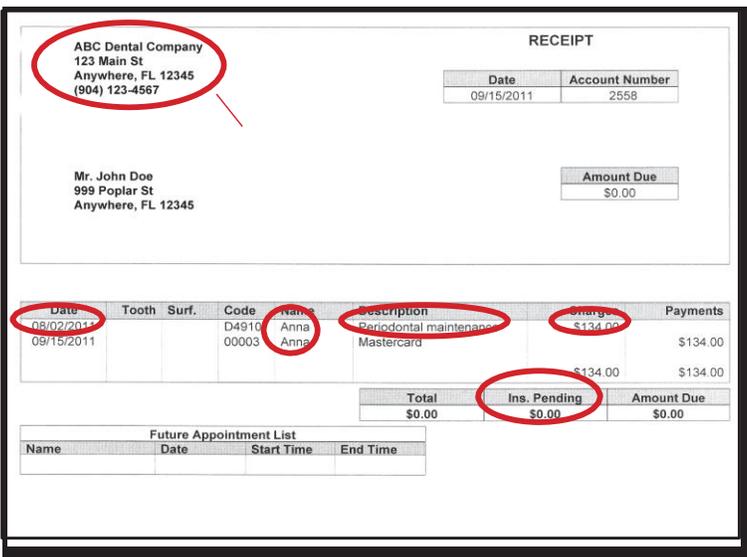


Consumer Driven Health Plans

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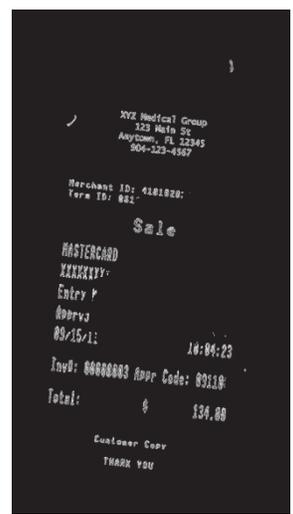
- Q. What will happen if I don't send the receipts that have been requested?
- A. When a plan participant fails to submit receipts for transactions that require substantiation, or if a participant fails to repay the plan for ineligible expenses, the participant's benefit card(s) will be deactivated. 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 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.
- Q. How can I reactivate my card if it is deactivated?
- A. 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.
- Q. What information should be included on my receipts?
- A. 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.



The receipt to the left is **SUFFICIENT** to substantiate a claim.

The receipt to the right is **insufficient** to substantiate a claim.



Handwritten or self-documentation in place of actual receipts are not sufficient.

