

HARDING UNIVERSITY
Flexible Spending Account
Medical Reimbursement Claim Form

Employee Name: _____ Banner ID#: _____

Instructions

1. Attach documentation of medical expenses. Each expense must have the following information:
 - a. Date of service
 - b. Name of family member receiving the service
 - c. Name of service provider
 - d. Description of service
 - e. Amount charged

2. Retain copies of documents for your records.
 - a. Examples of **acceptable** documents:
 - (1) "Explanation of Benefits" from Blue Advantage and/or other health insurance
 - (2) "Explanation of Benefits" from Delta Dental and/or other dental insurance
 - (3) "Prescription Summary Report" from NPS, prescription receipts, or list printed by pharmacy
 - (4) Statement of vision care expenses that includes all information listed above
 - (5) Cash register receipt with date and description of over-the-counter medications. Effective January 1, 2011, a prescription from a physician for an over-the-counter medication is required.

 - b. Examples of **unacceptable** documents:
 - (1) Copies of checks
 - (2) "Balance forwarded" statements
 - (3) Payment receipt that does not include all information listed above

Employee Certification

I hereby certify that all items submitted for reimbursement comply with the Harding University Medical Spending Account and such items have not been and will not be reimbursed by any other plan or program of any employer or other person. I further certify that such items will not be deducted or taken as tax credits on my personal federal and/or state income tax returns for any year. Harding University does not accept responsibility for direct payment to any individuals other than the employee.

Employee Signature

Date

Submit claims to **Human Resources, Box 12257.**