

Company Name:				
Employee Name:			Social Security Number:	
E-mail Address:			Employee Phone Number:	
Mailing Address:	Street		City	State Zip

Claim Information:

Claim Ref.	Date(s) of Service:	Who Received Care: (self, spouse or dep)	Provider of Service:	Description of Service:	Amount:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Total					

I request that the expenses listed above be paid to me from my Medical Flexible Spending Accounts. I certify that I have not and will not be reimbursed for these amounts from any other source. These expenses were incurred while I have been a covered plan participant and to the best of my knowledge are reimbursable by the plan. I have also attached copies of itemized bills for all expenses.

Employee Signature

Date

<p>Reminders:</p> <ul style="list-style-type: none"> ➤ Enclose a copy of itemized bills for all expenses being claimed. ➤ Verify that bills contain the date and description of service, the amount, and the provider's name on receipt ➤ Enclose a copy of your orthodontist contract for each orthodontia claim ➤ Participant must sign and date the claim form 	<p>Mail To:</p> <p>Horizon Agency, Inc. FSA Claims Department 6500 City West Parkway Suite 100 Eden Prairie, MN 55344-8007 Fax To: 952-914-7195</p>
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HEALTH CARE EXPENSES THAT ARE ELIGIBLE:

Abortion, legal	Fees to doctors, hospitals, etc for:	Hearing Aids and batteries	Prescribed drugs
Acupuncture	➤ Anesthesiologist	Hospital Services	Radial Keratomy
Alcoholism Treatment	➤ Chiropractor	HMO Copays	Smoking Cessation Program
Ambulance	➤ Clinic charges	Insulin	Sterilization
Artificial Limbs and Teeth	➤ Dental	Iron Lung	Therapy for medical issues
Birth Control Pills	➤ Gynecologist	Laboratory Fees	Transplants
Braces	➤ Neurologist	Lip-reading lessons	Wheelchair
Contact Lenses and solutions	➤ Obstetrician	Lodging for medical care	Wigs to cover baldness due to medical reasons
Crutches	➤ Ophthalmologist	Medical information plan	
Exams, physical	➤ Optometrist	Mentally retarded, special home	
Eye Exams	➤ Podiatrist	Nurses expenses and board	
Eyeglasses (prescribed only)	➤ Practical Nurse	Nursing Care	
Eye Surgery (lasik eye surgery treatment)	➤ Psychologist (medical only)	Nursing Home	
Guide Dog	➤ Surgeon	Operations and related treatments	

HEALTH CARE EXPENSES THAT ARE NOT ELIGIBLE:

Any illegal treatment	Diaper Service	Vitamins/Herbs
Cost of remedial reading classes for non-handicapped children	Family/Marital Therapy	Weight reduction programs for general health
Cosmetic Procedures or Prescriptions	Funeral Expenses	Health Club dues for general health
Dental Bleaching	Insurance Premiums	Maternity Clothes

HOW THE MEDICAL ACCOUNT WORKS:

As you incur eligible expenses in the Health Care FSA you can submit an "Expense Verification Form" to Horizon Agency. The forms can be obtained from our web site at www.horizonagency.com. To be eligible for reimbursement the **service creating the expense must be incurred during the plan year.**

A submitted claim will be paid in full up to your annual account limit. If the claim exceeds the current account balance of your Health Care FSA, your company will advance the funds necessary to pay your claim in full. In no event will you ever receive more than the total amount allocated to your account for the plan year.

Funds contributed to this account that are not spent at the end of each plan year are forfeited. It is important that you only set aside money you can reasonably expect to use for medical and dental expenses annually.

You must submit all requests for reimbursement **no later than 90 days** after the plan year-end.

ABOUT FAXING CLAIM FORMS:

Once your claim form is received we will schedule the claim for normal processing. All fax machines do not transmit a clean, scannable image, even though you may receive a confirmation notice from your machine. If a claim form is incomplete or invalid, you will be notified either by mail or e-mail with a letter of rejection. **We cannot confirm receipt of faxes. If you experience repeated problems or delays with faxing, submitting your claims by mail may be a better option.**

ABOUT E-MAILING CLAIM FORMS:

We do accept scanned claim forms via e-mail. Please use the following e-mail address: cafe@horizonagency.com. The same processing issues apply as with faxed forms.

CLAIM FORM DO'S AND DON'T'S

DO.....Retain copies of the claims you send in for your tax records. Copies of your claims will not be available to you from Horizon Agency without substantial cost to you.

DO.....Verify that the expenses that you are submitting are eligible for reimbursement.

DO.....Be sure to sign your claim form

DON'T.....Fax faint or illegible receipts

DON'T Send canceled checks as a form of receipt

DON'T Submit credit card receipts that do not clearly state dates and types of services incurred.

DON'T.....Send duplicate vouchers if you are faxing claims.

QUESTIONS? CHANGES?

Customer services representatives are available to help you Monday through Friday between 7:00am and 4:30pm CT. You can contact Horizon Agency:

By phone: 952-944-2929

By mail: 6500 City West Pkwy, Ste 100, Eden Prairie, MN 55344

By E-mail: cafe@horizonagency.com

Also, you can view helpful account information online at www.horizonagency.com.