



The treatment of orthodontia under a Flexible Spending Account (FSA) is different than other medical expenses because services generally span more than one plan year. Under IRS regulations, the service must be reimbursed from the same plan year in which the services were provided and incurred. Nevertheless, the IRS has informally commented that prepayment of orthodontic expenses is permissible in certain instances.

Below are the various options for reimbursement of orthodontic services, information on how to submit a reimbursement request for orthodontia expenses, and instructions on completing the *Orthodontia Worksheet*.

REIMBURSEMENT OPTIONS

If a service agreement or contract has been drawn up between the orthodontic provider and participant agreeing on services provided and payments due over the course of the treatment, the participant is reimbursed monthly according to the agreement. Reimbursements for these payments may span over one or more plan years per the agreement. For example, if the agreement indicates a one-time payment of \$500 upon placement of the braces and a monthly fee of \$50 thereafter for two years, the amounts eligible for reimbursement are those incurred within each plan year (up to your current remaining balance). Prepayments of monthly fees are not reimbursable because the service must be provided and payment must have a due date within your plan year coverage period. Payments due in one plan year cannot be reimbursed from the next plan year.

If full payment is required by the orthodontic provider before services can begin, the total cost for the treatment is eligible for reimbursement when the work starts and the payment is made. A one-time reimbursement for the total cost of the treatment up to your current available balance may be made from your current plan year FSA. For example, if a full payment of \$3,000 is required at time of placement and your current Healthcare FSA balance is \$2,500, you are eligible to be reimbursed for \$2,500.

If the orthodontic provider does not offer the options above, complete the *Orthodontia Worksheet* to determine the monthly amount that may be eligible for reimbursement from your Healthcare or Limited Purpose FSA.

Loan payments and interest on a loan are not eligible expenses. Thus, you cannot use a benefits debit card to make payments to a loan company. Complete the *Orthodontia Worksheet* if no other receipt or contract is available from the orthodontic service provider.



REQUESTING REIMBURSEMENT

- A *Request for Reimbursement Form* must be completed each time you want to be reimbursed.
- With each reimbursement request, include a copy of the service agreement or contract, coupon (if provided a payment book) or itemized receipt. All documentation must clearly indicate the month and year of the service provided (or payment due date), the monthly payment amount, the name of the provider and a description of the service (orthodontia, braces, placement, or banding fee).
- Initial payments, banding or placement fees are eligible for reimbursement upon placement. An itemized receipt must accompany the *Request for Reimbursement Form* that indicates the service is a banding or placement fee instead of a monthly fee.
- A request for reimbursement of payment in full for orthodontic treatment at the start of the orthodontic services requires an itemized receipt from the orthodontic provider to accompany the reimbursement request.
- In the absence of a service agreement or contract, the orthodontic provider must apportion the total cost of the treatment, less the initial payment due and any payments expected from your insurance company or provider discounts to the remaining number of months required for treatment. This will determine the monthly payment amount eligible for reimbursement from the FSA. Include a copy of the completed *Orthodontia Worksheet* with each reimbursement request submitted to TASC.

HOW TO COMPLETE THE ORTHODONTIA WORKSHEET

1. Enter the total cost for the duration of the treatment in the *Total Cost* field.
2. Enter any insurance payments and provider discounts.
3. Enter the estimated portion of the total cost that is apportioned to the services provided in the first visit (when the braces are applied) in the *Initial Payment Due* field (generally, one-third or less of the total cost).
4. Subtract the insurance payments, provider discounts and initial payment due from the total cost and enter this amount in the *Total Remaining Balance* field.
5. Enter the number of months the treatment is expected to continue after placement of the braces.
6. Divide the total remaining balance by the number of months and enter this amount in the *Monthly Payment* field. This is the amount eligible for monthly reimbursement from the FSA.
7. Have your orthodontic service provider sign the worksheet.
8. Submit the worksheet with each reimbursement request.



Include this completed form with your request for reimbursement online or submit via fax or mail:	Fax	Mail
	608-245-3623	PO Box 7308 Madison, WI 53704-7308

PARTICIPANT INFORMATION

Participant Name		Employer Name	
Participant TASC ID		Email Address	

PATIENT INFORMATION

Patient Name	
Relationship to Participant	
Date Treatment Begins	

CALCULATION

Total Cost for Orthodontia Services		\$
Subtractions	Insurance Payments	\$
	Provider Discount	\$
	Initial Payment Due (upon placement of braces)	\$
Total Remaining Balance		\$
Number of Months		
Monthly Payment and Eligible Monthly Reimbursable Amount		\$
<i>(Total Remaining Balance divided by the Number of Months)</i>		

AUTHORIZATION

Orthodontic Service Provider's Printed Name

Orthodontic Service Provider's Signature

Date