



Health and/or Dependent Care Claim Form

Fax to: 800.450.0016 (No Cover Page Needed)

Mail to: PayFlex Systems USA, Inc. P.O. Box 3039 Omaha, NE 68103-3039

WAIT! Did you know that you can file this claim online? Go to vanderbilt.payflex.com and select *Express Claims*. You can access your account balance, view a listing of eligible expenses and frequently asked questions all in one place!

Employee Name _____ **Employee ID Number** _____

(Your Vanderbilt employee ID number)

Employer: Vanderbilt University

Health Care Claims (For you or your dependents)

Covered by insurance – Expenses for services or items must be submitted to your insurance company *before* submitting for reimbursement from your spending account. When you receive the **Explanation of Benefits (EOB)** from your insurance company, include a copy with this completed claim form. If you have a copay, attach an itemized statement from your service provider. Do not submit expenses previously paid for with your PayFlex Debit Card.

Not covered by insurance – For services or items, submit an itemized statement from the provider showing the provider's name and address, patient name, date the service was provided, a detailed description of the service, and the amount charged along with this completed claim form. Balance forward statements, cancelled checks, credit card receipts or received-on-account statements are not acceptable. Orthodontia claims require an itemized statement/payment receipt, the orthodontist's contract/payment agreement or monthly payment coupons.

Prescription and over-the-counter drugs and medicines require a print-out of prescriptions from your pharmacy or must be clearly identifiable on an itemized receipt. Quantities purchased must be reasonably able to be consumed during the current plan year. Items for maintaining general good health, cosmetic purposes and dietary supplements are not eligible.

Date of Service	Patient's Name	Type of Service (Example: Prescription, Over-the-Counter, Vision, Dental, Hearing, Office Visit)	Amount Requested
TOTAL HEALTH CARE CLAIMS SUBMITTED ON THIS FORM			

Dependent Child or Adult Day Care Claims

Complete this form and attach an itemized statement from your care provider (which includes the provider's tax ID or Social Security Number) or have your provider sign below. **IRS regulations allow payment of services for dependents under age 13 or otherwise satisfying the "Qualifying Person Test" as described in IRS Publication 503. Payment is only allowed for services that have already been provided, not for services to be provided in the future.**

You are required to report the provider's name, address and Tax Identification Number or Social Security Number on Form 2441 with your personal income tax return. If your day care provider signs below, no other itemized statement is necessary.

Service Start Date	Service End Date	Dependent's Name	Provider's Name	Provider's Signature (if statement not attached)	Amount Requested
TOTAL DEPENDENT CARE CLAIMS SUBMITTED ON THIS FORM					

For more information, visit our website at: vanderbilt.payflex.com.

I certify that these eligible expenses have been incurred by me, my spouse or eligible dependent and medical expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand that "incurred" means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed and I will not seek reimbursement elsewhere. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee Signature _____ **Date** _____