

Orthodontia

Orthodontic treatment is typically rendered over an extended period of time. Often, there is no direct relationship between payment and treatment. Some individuals pay for the entire treatment in full, while others pay a monthly amount towards the total fee. In both cases, visits to the orthodontist may occur several times a month, or once every few months for adjustments.

FSAFEDS will allow reimbursement for pre-paid orthodontia expenses, up to the elected amount, regardless of the date of service. The payment must have been made within the Plan Year. If there is coverage under any dental plan, payment from the Health Care Flexible Spending Account will be reduced by the amount paid by the dental coverage. Please note that this differs from other dental procedures that require the actual service is performed and paid for within the Plan Year.

Acceptable Documentation

Pre-paid orthodontic expenses can be reimbursed in full with a paid receipt. The orthodontic contract or treatment plan is not required with a copy of your detailed receipt. Acceptable documentation includes:

- A paid receipt
- A statement from your provider indicating monthly fee
- A copy of your monthly coupon
- A copy of the contract that shows the paid amount

All forms of documentation must always be submitted in addition to the FSAFEDS claim form.

How Can I Submit My Request For Reimbursement?

- **Fax Your Claim:** 502-267-2233
- **Mail Your Claim:** FSAFEDS Program • PO Box 36880 • Louisville, KY 40233-6880

You have the right to appeal a claim for benefits that has been denied by writing to SHPS and requesting reconsideration. You can submit written appeals to the address listed above.

If you have questions you may visit the FSAFEDS Web site at www.fsafeds.com or call the FSAFEDS toll-free phone line at **1-877-FSAFEDS (372-3337)**. Benefits Counselors are available to assist you Monday through Friday, from 9:00 A.M. until 9:00 P.M., Eastern Time. TTY Line: 1-800-952-0450.