



Confused?

I used my EZ REIMBURSE® MasterCard® Card at the doctor's office. Now what?

You may not have to do anything, however, when you receive your monthly statement and a transaction is listed in **blue type**, that means it's time to submit documentation. A **legible** copy of a statement, bill or invoice must be included with your EZ REIMBURSE® Card Transmittal Sheet with the following information:

- 1 the date service(s) were received
- 2 the name of the person(s) for whom the service(s) were provided
- 3 the type of service(s) incurred
- 4 the name and address of the provider
- 5 the cost of the service(s).

We've made it easy for you to send in confirmation for your EZ REIMBURSE® Card purchases. Simply complete the Transmittal Sheet and fax or mail it to FBMC with your detailed invoice. You can check the status of your EZ REIMBURSE® Card transactions online. Visit www.myFBMC.com and log on to view all of your account information.

FBMC EZ REIMBURSE® MasterCard® Card
RECEIPT TRANSMITTAL COVER SHEET
(instructions on back)

- Only use this cover sheet if you are mailing or faxing EZ REIMBURSE® Card receipts.
- Use a standard paper chase form when submitting receipts for non-card related transactions.
- FBMC will receive your FAX and secure the content according to the HIPAA Privacy requirements. Be sure that you or others working on your behalf secure your data at the point of origination.
- Attach copies of your documentation with this cover sheet.
- Make sure to keep copies of your original receipts.

Note: The participant is responsible for misrepresentation regarding requests for reimbursement. If you have any further questions please call 1.800.342.8017.

Employer Name _____ No. of Pages _____

Fax to: **FBMC, 850-425-4608**

Mail to: **Fringe Benefits Management Company
P.O. Box 1800
Tallahassee, Florida 32302-1800**

Participant's Signature _____

Total Amount of Attached Receipts _____

Card Number (last 10 digits) _____

Privacy Policy: Your Personal Health Information (PHI) intended for the sole use of the designated recipient, or have received this communication in error, please notify the sender in writing, by telephone, and delete all copies of this communication, including attachments, from their file. If you are not the intended recipient, you must secure the contents in accordance with applicable state or federal laws.

Bone Crunch Chiropractic Care

PATIENT NAME: J.S.M. P.J.J.
ADDRESS: Smith, Martha L
1000 Street Dr
Jacksonville, FL 32202

STATEMENT DATE: 03/26/08 NET THIS AMOUNT: \$0.00 ACCOUNT NO: 00044

NEW TO: J.S.M. P.J.J.
Bone Crunch Chiropractic Care
1234 Center Place
Jacksonville, FL 32202

DATE	DESCRIPTION	AMOUNT	BALANCE
02/15/08	Balance		\$0.00
02/15/08	Payment received		\$0.00
02/15/08	Office/Range Bone Grnd- Low med	45.00	45.00
02/15/08	Dr. Stop 09/05/08/14/08/ 09/ 09/05/08	20.00	65.00

REMAINING BALANCE: \$65.00

TOTAL DUE: \$118.00

Download an EZ REIMBURSE® Card Transmittal Sheet at www.myFBMC.com.

Medical Expense FSA Reimbursement Comparison

Plastic vs. Paper!

EZ REIMBURSE® MasterCard® Card	Paper Reimbursement
<ul style="list-style-type: none"> • Service must occur during benefit period only. • Deadline for services is 9/30/08. 	<ul style="list-style-type: none"> • Services must occur during benefit period only. • Deadline for services is 9/30/08.
<ul style="list-style-type: none"> • Card can be used for eligible dental, medical and vision services. Insurance is not required. • Dependent expenses are eligible. • Card cannot be used for prescriptions or Over-the-Counter items. 	<ul style="list-style-type: none"> • Account can be used for eligible dental, medical and vision services. Insurance is not required. • Dependent expenses are eligible. • Claims for any eligible non-card expense, including prescriptions and Over-the-Counter items, may be submitted.
<ul style="list-style-type: none"> • While documentation is no longer required to be submitted for certain services, you must continue to keep it within your possession for at least one year. The IRS requires all participants to keep documentation and submit upon request. Examples of services no longer requiring documentation include known co-payment amounts listed for medical, dental and vision services provided through Duval County Public Schools. • Documentation must be submitted upon request. 	<ul style="list-style-type: none"> • In order to receive reimbursement, a bill, statement or invoice must ALWAYS accompany your Reimbursement Request Form. • Documentation must be submitted by 12/31/08.
Use it or lose it applies.	Use it or lose it applies.
Card suspended when documentation isn't received (or transaction is deemed ineligible) if it appears in blue on your Monthly Statement for two (2) consecutive statement periods.	Documentation can be accumulated and sent periodically or all at the same time, provided they are sent by the deadline mentioned above and for the current plan year only.
Documentation must include: patient name, type of service, date, provider and total amount. (who, what, when, where and how much)	Documentation must include: patient name, type of service, date, provider and total amount. (who, what, when, where and how much)
EZ REIMBURSE® MasterCard® Card Transmittal Sheet must be submitted with documentation. A copy can be found in your Reference Guide or at www.myFBMC.com .	Flexible Spending Account Reimbursement Request must be submitted in order to receive reimbursement. Visit www.myFBMC.com to download a copy.
Card expires 9/30 each year and reloads 10/1 of each year with your new annualized balance.	Account terminates 9/30 of each year and renews 10/1 of each year.
If card is suspended due to outstanding card transactions, employee will experience payback deductions via payroll if the proper documentation is not provided.	Reimbursement Request is rejected if proper documentation is not provided.
Tax-free savings PLUS no out-of-pocket funds spent, no reimbursement wait time and no money spent on postage.	Tax-free savings.
Example of eligible EZ REIMBURSE® Card® expense: \$15 co-pay for Vision Care office visit.	Example of eligible reimbursable co-insurance: 20% co-insurance for Outpatient Surgery.