



Jefferson Federation of Teachers
HEALTH AND WELFARE FUND

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GUIDELINES FOR FILING A "MEDICAL" CARE FSA CLAIM

- **Only one claim form is required for EACH claimant** who has incurred expenses. You may obtain claim forms from our website www.jfthw.org.
- **Medical Services:** The medical explanation of benefits is required. This gives all the necessary information needed in order to process your claim efficiently. Copies are accepted and must be legible.
- **Pharmacy receipts** must indicate the patient's name, date filled, name of medication and physician's name. Copies are accepted and must be legible and in date order by pharmacy. *A printout from your pharmacy is recommended as this is more convenient than keeping track of loose pharmacy stubs.*
- **Faxed medical claims** are not accepted as original signatures are required on all claim forms.
- **Over-the-counter items:** A prescription from your physician is required and must indicate the actual name of the medication. The cash register receipt is acceptable; however, please do not highlight the items requested as they tend to fade and turn black with time.
- **Dental Claims:** You and any covered dependents must have all dental services processed through the Fund's dental plan before any FSA reimbursements can be made.
- **One-Time Dental Form:** This form allows us to automatically process any out-of-pocket dental claims directly from your FSA account. You may obtain this form from our website www.jfthw.org. It must be completed, signed and returned to the Fund office.
- **Vision Coverage:** You and any covered dependents are eligible for an eye exam, glasses or contact lenses every 12 months. When submitting a receipt for vision services for you or an eligible dependent and you were seen by a Davis Vision provider, an itemized bill is required, indicating all charges, dates of service, insurance payments or adjustments and patient responsibility.
- **Non-Participating Vision Providers:** All claims must be filed through Davis Vision. Once they respond, forward the bill from your vision provider along with a copy of what Davis Vision paid or denied.
- **NOTE:** If you or an eligible dependent had additional vision services and Davis Vision already processed a claim in the last 12 months, please indicate that information on your receipt.