

Claim Documentation Requirements

You may find the following general information helpful in submitting documentation to substantiate your Health Care Expense Account eligible expenditures:

Deadlines for Filing claims:

The SISC Flex Plan year is January 1st through December 31st each year. Participants have 90 days (run-out period) following the end of the plan year to file claims for the current year. Expenses for all claims must be incurred during the current plan year. You have a grace period 2 1/2 months following the plan year-end (March 15th) to incur healthcare expenses associated with that plan year. All claims and supporting documentation must be received by the SISC office no later than March 31st in order to be considered filed during the run-out period.

Claim Documentation Requirements:

For **prescription drugs**, attach a legible receipt from the service provider, which includes the: 1) Date prescription was purchased; 2) Drug name and prescription number, or the Rx label; 3) Amount of purchase; 4) Name of the pharmacy; and 5) Patient name. The Rx ticket typically contains all required information.

Medical, Dental, Vision, and Other Health Care Related Services

A copy of the Explanation of Benefits (EOB) is acceptable and the preferred supporting documentation. (Both primary and secondary EOB's if applicable.) Acceptable documentation may also include a legible copy of the provider's itemized statement of the charges including: 1) Provider's name and address; 2) Date of service or purchase; 3) Description of service or product; and 4) Amount charged for service or product; and 5) Patient name.

Over-the-counter medications

For eligible over-the-counter (OTC) expenses, the item must be clearly defined on the receipt indicating: 1) Date of purchase; 2) Amount of purchase; 3) Name of the product; and 4) Merchant name and address. If the item you are claiming is abbreviated on your receipt, you must attach a photocopy of the package label showing the full product description. OTC drugs and medicines must be prescribed.

Incomplete claim form or supporting documentation may delay processing or result in a denied claim.

Online Documentation of Medical Visits and Services:

If your medical coverage is through **Anthem Blue Cross**, Explanation of Benefits (EOB) forms can be printed from the Anthem Blue Cross

website: <http://www.anthem.com/ca/sisc/>

You will need to register on this site to view your claims in addition to plan coverage and benefit information.

If your medical coverage is through **Blue Shield**, detailed claims information may be obtained from the Blue Shield website: <https://www.blueshieldca.com>

You will need to register on this site to view your claims in addition to plan coverage and benefit information.

If your medical coverage is through **Kaiser Permanente**, an office visit printout may be obtained from the KP website: <https://www.kaiserpermanente.org> You will need to register on this site to view past visit information. Once registered, click on the following: "My Health Manager", "Appointment Center", then "Past Visit Information". The office visit printout will have the date of service and service description but not the co-pay amount. Submit the Kaiser print out and your receipt that shows your co-pay amount.

Online Documentation of Vision Services:

If your vision insurance is through **Vision Service Plan (VSP)**, you may print a VSP savings statement online. Visit <https://www.vsp.com>

If you have not already done so, you'll need to register on the VSP website. Once you've signed in, click on previous visits and savings. Select a date of service, and print the savings statement.

If your vision is through **MES**, you may print a MES statement online.

Visit <https://www.mesvision.com/homepage.htm> Log into MES and select claim status and print statement.

Online Documentation of Dental Services:

If your dental coverage is through **Delta**, Explanation of Benefits (EOB) Forms can be printed from the Delta website. If you have not already done so, you'll need to register on the site.

Visit <http://www.deltadentalca.org/> Click on enrollees, then click on checking your benefits online, click on your plan (eg: Delta Dental. You will be prompted to log in or register if you haven't done so previously. Click on check claims status, then claims list, then prior claims, then claim details, and print this screen.

Always remember to submit a signed SISC Flex claim form with your documentation. Forms can be downloaded at <http://sisc.kern.org/flex/forms>