

## Flex Benefit Plan Orthodontia Submission Form

This form may be used when submitting claims for reimbursement of orthodontia expenses that span *multiple* Flexible Benefit Plan Years. **If you do not use this form and are claiming a lump-sum orthodontia expense, the full reimbursement will be considered from the Plan Year in which you made the lump-sum orthodontia payment.**

The IRS has recognized that orthodontia services are continuous from the hardware's installation to its removal. Because of this, the IRS allows us to look at the monthly billing date as the date of service for orthodontia expenses incurred during a certain Plan Year. If you make a lump sum payment (for example to receive a discount), the portion of that payment that represents services incurred during that particular Plan Year is eligible to be reimbursed during that same Plan Year. Any remaining portion may be pro-rated accordingly and applied to future Plan Year(s). Additional charges such as orthodontia records or banding fees are also eligible during the Plan Year during which the orthodontia treatment began. *Example:* Your 12-month Plan Year begins in January, 2006. In January 2006, your child starts orthodontia services and these services will last 3 years with costs of \$4000. You receive a 10% discount for paying the full amount due when the services begin. Your actual cost is then \$3600. Because you made a lump-sum payment, you have the choice of submitting a claim to ProcessWorks for the entire \$3600 (provided your annual election includes that amount), or prorating this amount to receive it over multiple Plan Years.

Following is an example of prorating the orthodontia fees over a 3-year period: The total orthodontia amount is \$4000. You make a down payment of \$1300 which includes the records and banding fee (you may file a claim for the \$1300 during the 2006 Plan Year to receive a lump-sum payment, or include the \$1300 under *Plan Year 1, #4* (below) if you want it paid out over a 12-month period). After your down payment, your balance becomes \$2700 which will be payable over 36 months. The \$2700 will be prorated as follows: 2006 plan year amount is \$900 ( $\$2700 \div 36 \text{ months} \times 12 \text{ months}$  in the 2006 Plan Year), 2007 Plan Year amount is \$900 ( $\$2700 \div 36 \text{ months} \times 12 \text{ months}$  in the 2007 Plan Year), and the 2008 Plan Year amount is \$900 ( $\$2700 \div 36 \text{ months} \times 12 \text{ months}$  in the 2008 Plan Year).

*Please use this form to determine the amount eligible for reimbursement for each Flexible Benefit Plan Year.*

### To be completed by the plan participant:

Plan Year Beginning \_\_\_\_ / \_\_\_\_ / 200\_\_

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer Name \_\_\_\_\_

### To be completed by your Orthodontist:

#### Breakdown of orthodontia services

Total cost of orthodontia services:	\$ _____	A
Discounts:	\$ _____	B
Total owed (subtract line B from line A):	\$ _____	C
Down payment, banding and records fees:	\$ _____	D
Total of ongoing services (subtract line D from line C):	\$ _____	E
Number of months for treatment:	_____	F
Monthly payment amount (divide line E by line F):	\$ _____	G

**Plan Year 1:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of payment months occurring during Plan Year 1:	_____ [1]
Monthly payment amount from line G:	\$ _____ [2]
Total payment amount for Plan Year 1 (Multiply line 1 x line 2)	\$ _____ [3]
Down payment, banding and records fee from line D:	\$ _____ [4]
Total for Plan Year 1 (add lines 3 and 4):	\$ _____

**Plan Year 2:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of payment months occurring during Plan Year 2:	_____ [1]
Monthly payment amount from line G:	\$ _____ [2]
Total for Plan Year 2 (multiply line 1 x line 2):	\$ _____

**Plan Year 3:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of payment months occurring during Plan Year 3:	_____ [1]
Monthly payment amount from line G:	\$ _____ [2]
Total for Plan Year 3 (multiply line 1 x line 2)	\$ _____

By signing below, I hereby certify the above represents the actual orthodontia treatment and payment terms.

Orthodontist Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please return this completed form with the *Flexible Benefit Plan Claim form* AND a copy of your Orthodontia Contract to ProcessWorks.**