

The Federal FSA Program

Quick Reference Guide



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 make a monthly payment towards the total cost. In both cases, visits to the orthodontist may occur several times a month, or once every few months for adjustments.

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

The employee and/or the employee's eligible dependent(s) planning to begin or currently receiving orthodontia treatment are eligible for reimbursement.

Initial Evaluation Fees

Orthodontia services initially performed, such as moldings, diagnostic records fees, consultation fees, etc., are reimbursable when incurred if the expenses are separate from the contracted treatment. These expenses are typically not included in the total treatment cost for orthodontia and would require a fully completed claim form with an itemized bill. If these services were incurred during the Benefit Period in which you are requesting reimbursement, they would be considered eligible.

Initial Fee or Down Payment

It is a common practice for providers to require an initial fee or down payment before the start of orthodontia treatment. This expense is eligible for reimbursement with a fully completed claim form and an itemized bill indicating the amount and proof of payment.

Monthly Payments

The monthly liability for orthodontic treatment is reimbursable from:

- An orthodontist coupon booklet indicating monthly payments. You need to include a paid receipt if the date of service has not yet occurred.
- A paid receipt indicating payment date
- A monthly statement that indicates the payment amount. You need to include a paid receipt if the date of service has not yet occurred.
- A Loan Coupon*
 - Loan agreement where orthodontics is specified and the pay date is indicated
 - Orthodontic provider contract/treatment plan that consists of total charge, banding date and estimated treatment that can be reconciled to the payment information from the bank

**Finance charges are not eligible for reimbursement under the FSAFEDS HCFSA.*

Full Payment for Orthodontic Treatment

- If payment is made in full for the orthodontic treatment, and proof of payment is included with the completed claim form, the full payment amount will be reimbursed up to your Health Care election amount.

How Can I Submit My Request For Reimbursement?

- **Fax Your Claim:** 1-866-643-2245 (toll-free) or 1-502-267-2233
- **Mail Your Claim:** FSAFEDS Program • PO Box 36880 • Louisville, KY 40233

All forms of documentation must always be submitted with the FSAFEDS claim form.

You have the right to formally [appeal](#) a claim for benefits that has been denied by writing to FSAFEDS 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 contact an FSAFEDS Benefits Counselor, toll-free, at 1-877-FSAFEDS (372-3337), TTY: 1-800-952-0450, Monday through Friday, 9:00 A.M. until 9:00 P.M., Eastern Time.

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