



Medical Flexible Spending Account

The IRS requires you to provide documentation to make sure expenses are eligible for reimbursement from your Medical Flexible Spending Account (Medical FSA). Watch [this video](#) to learn more. 🎥

Note: If a transaction made with your benefits debit card can't be auto-approved, you'll receive one or more receipt reminders letting you know documentation is required. If you provide documentation but it's not sufficient to substantiate the claim, you'll receive a request for more information.

You are required to substantiate:

- Name of provider or merchant
- Date service received or item purchased
- Description of service received or item purchased
- Dollar amount (after insurance, if applicable)

In some cases, a prescription or letter from your physician or a completed [Medical Necessity Form](#) may be required if the product or service is considered both a medical expense and a general use item.

Note: An itemized receipt or statement from your provider or an Explanation of Benefits (EOB) from your insurance carrier typically has all the required information. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay." If not, ask your provider to write "copay" on your receipt before leaving the office.

Important: Keep your receipts and other documentation. Vague or missing information causes your reimbursements to be delayed or your expenses to become ineligible.

Examples of unacceptable forms of documentation include the following:

- Provider statements that only indicate an amount paid, balance forward or previous balance
- Credit card receipts
- Bills or invoices for pre-paid medical expenses (i.e., services not yet incurred)