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IMPORTANT INFORMATION ON REIMBURSEMENT FOR ORTHODONTICS

As you are aware, some dental services received are not completed in one visit. Examples of this include such things as orthodontic services for braces, crowns, root canals, etc.

This being the case, it is important that you understand you are able to be reimbursed for the amount of the full cost for services actually received at the time you submit for reimbursement.

You are still able to receive the full pre-tax advantage however by understanding how to submit your claim(s).

Please note the following regarding reimbursement for orthodontics from your medical reimbursement account:

- 1) You can be reimbursed for the initial down payment required provided the receipt contains the following information:
 - a. Name of the Service Provider
 - b. A brief description of what the amount of the required down payment is for, i.e., consultation, x-rays, etc. and
 - c. The \$ amount required as the down payment.

- 2) For the remainder of the Plan Year you can receive reimbursement for the monthly payment for services received for the remaining months of the Plan Year. You can submit a copy of the contract or a statement from the provider that clearly states the monthly amount you have agreed to pay.

Example: Jane's daughter, Susan will have braces put on in January, 2013. The process will take approximately 18 months for a total cost of \$2,700.00. The orthodontist requires a down payment of \$1,000.00 for the initial visit and set up of the braces at the time of the visit in January. The \$1,700.00 balance is to be paid in payments of \$100.00 per month for the next 17 months.

Jane should elect the following for her medical reimbursement account in order to receive a pre-tax advantage for the full cost of the braces:

For the plan year January 1 through December 31, 2013: \$1,000 for the required down payment plus \$1,100.00 (\$100.00 x 11 months) for a total of \$2,100.00 for the 2013 Plan Year.

For the next Plan Year, January 1 through December 31, 2014 – Jane should set aside the remaining amount in her medical reimbursement account \$100.00 per month x's 6 for a total of \$600.00.

Should you need additional clarification, please do not hesitate to contact H R Support & Consulting Service's Flex Department Toll Free at 1-866-655-5397