



# VitaFlex Medical Expense Claim Form

## Employee Data

<b>Company Name:</b>	Vita
<b>Employee Name:</b>	Jane Smith
<b>Employee Social Security or ID Number:</b>	123-45-6789

## Grace Period

Please indicate in which Plan Year election the below outlined claim(s) should be processed.

<input checked="" type="checkbox"/> <b>2007 Plan Year Election</b>	<input type="checkbox"/> <b>2008 Plan Year Election</b>
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## Reimbursement Request

Complete the following grid for each medical expense submitted for reimbursement. In order to receive reimbursement, appropriate supporting documentation must accompany this form. Please refer to the VitaFlex Information and Instructions or your Plan Information to confirm necessary documentation, timing requirements, and rules for eligible expenses. You can also visit our website at [www.vitaflex.net](http://www.vitaflex.net).

Patient Name	Relationship to Employee	Date of Service	Name of Service Provider	Description of Medical Expense	Amount of Claim	Debit Card?*
Jane Smith	Self	01/28/07	Dr. Thomas	Physical Therapy	\$ 30	<input type="checkbox"/>
					\$	<input type="checkbox"/>
					\$	<input type="checkbox"/>
					\$	<input type="checkbox"/>
					\$	<input type="checkbox"/>
					\$	<input type="checkbox"/>

\*Check box if receipts submitted are intended to document purchases already made with your **VitaFlex** debit card.

## Verification

To the best of my knowledge and belief, the statements in this medical expense claim form are complete and true. I certify these claims are for valid medical expenses provided on the dates indicated and that these expenses were incurred while I was actively participating in the VitaFlex Medical Reimbursement Plan. *These expenses have not been reimbursed under the VitaFlex plan previously nor have they been reimbursed under any other health plan. Additionally, I will not submit these expenses for reimbursement under any insurance plan or from any other source.* I understand that these expenses may not be used to claim any federal income tax deduction or credit. I understand that I alone am responsible for the sufficiency, accuracy and validity of all information relating to this claim. If any claim for reimbursement is not an eligible expense under the plan, I will be responsible for payment of all related liabilities, including federal and state income taxes and any applicable penalties resulting from improper reimbursement from the plan.

05/04/07	Jane Smith
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Date Employee Signature

## New Phone/Address (Complete Only if Needed)

<b>New Preferred Phone Number:</b>	(       )
<b>New Email Address:</b>	
<b>New Home Address:</b>	

A photocopy of this form may be used if additional copies are needed.  
For fastest service, fax claims to 650-964-FLEX (3539) or email claims to [claims@vitamail.com](mailto:claims@vitamail.com).

LOS ALTOS PHYSICAL THERAPY, P.C.  
 1818 MAIN STREET  
 LOS ALTOS, CA 94024  
 (650) 964-0358  
 FED TAX ID# 13-5689452

Jane Smith  
 567 Palm Street  
 Mountain View CA 94040

STATEMENT DATE: 02/01/07

PATIENT : Jane Smith

INJURED :

PHYSICIAN: Dr. R. Thomas

EMPLOYER:

ACCT 5548600 OX EG DIAGNOSIS: LUMBAR INTERVERTEBRAL DISC W/O MYELOPATHY- 722.10

DATE	DESCRIPTION	CO-PAY	CHARGES	ADJUSTS & INS PAID	PATIENT PAID	BALANCE
01/28/07	Initial PT Evaluation	30.00	90.00		30.00	60.00
01/28/07	Manual therapy tech - 15 minutes		38.00			98.00
01/28/07	PATIENT PD. \$30.00 - FOR 01/28/07					
TOTALS		30.00	128.00	0.00	30.00	98.00
CURRENT	OVER 30	OVER 60	OVER 90	OVER 120	PLEASE PAY	38.00
38.00	0.00	0.00	0.00	0.00		

This provider receipt is sufficient documentation for a therapy claim because it contains all the necessary information:

- 1) Provider's name
- 2) Patient's name
- 3) Type of service
- 4) Date of service
- 5) Insurance coverage/patient's out-of-pocket payment
- 6) Diagnosis code (A diagnosis code is needed for all therapy services if insurance is not covering a portion of the expense.)

Please note that we require a new diagnosis code for each licensed provider if you are not submitting documentation that shows insurance coverage for your therapy services.