

Align Smart-Choice Accounts Health Savings Account (HSA) Receipts and Documentation

See the below examples of different types of expenses and receipts that would need to be provided upon submitting your claim. Use this as a guide to ensure you are submitting the documentation that will be required for quick and easy payment.

MEDICAL EXPENSES

TIP: An Explanation of Benefits (EOB) is the preferred documentation for validating medical claims.

Valid Medical Receipt Sample

A valid receipt contains the following items:

1. Patient
2. Service provider
3. Service date
4. Service description
5. Amount you're responsible for

Invalid Medical Receipt Sample

Common problems with receipts:

1. Includes a statement date, but not the service date
2. Includes an amount but no indication of how much you're responsible for
3. Doesn't include a description of service
4. Patient name isn't indicated
5. Doesn't include a specific service provider name

May 09, 2016

HEALTH CARE SERVICES, INC.

1 Claim detail for: **JOHN SMITH**

2 Provider: **M. THOMAS** Service date: **04/15/2016**

3

Type of Service	Amount Billed (-)	Plan Discounts (-)	Your Plan Paid
OFFICE VISITS	118.00	50.39	17.61
CLAIM TOTAL	118.00	50.39	17.61

4

YOUR ITEMIZED RESPONSIBILITY TO PROVIDER**

(=) Deductible	(+) Copay	(+) Coinsurance	(+) Non Covered	(=) Amount You Owe
0.00	50.00	0.00	0.00	50.00
CLAIM TOTAL	50.00	0.00	0.00	50.00

5

**This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.

General Hospital
100 Main Street
PO BOX 500
Anytown, MA 12345-4321

RETURN SERVICE REQUESTED

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
2/1/2016	\$573.34	12340000

1

2

3 SHOW AMOUNT PAID HERE \$


4

JOE BROWN
500 SCHOOL STREET
ANYTOWN, MA 12345-4321

5

MAKE CHECKS PAYABLE / REMIT TO:

GENERAL HOSPITAL
100 MAIN STREET
PO BOX 500
ANYTOWN, MA 12345-4321



DENTAL RECEIPTS

TIP: An Explanation of Benefits (EOB) is the preferred documentation for validating dental claims.

Valid Dental Receipt Sample

A valid receipt contains the following items:

1. Patient name
2. Service provider
3. Date of service
4. Description of service
5. Amount you're responsible for

Orthodontia Services

Refer to the Receipt of Orthodontic Treatment Form, found on the benefits website under Forms and Documents, for what's required.

You may be reimbursed:

- Monthly
- After each installment
- In a onetime payment

If you're paying in installments, submit a claim and your receipt or payment coupon each time.

Invalid Dental Receipt Sample:

Common problems with receipts:

1. Balance forward amount
2. Multiple service descriptions
3. Insurance payment not itemized
4. Multiple plan years
5. Ineligible expense
6. Total amount doesn't reflect what you're responsible for

1 **MONTESSORI SCHOOL** 3191
100 MAIN STREET
ANYTOWN, CA 00000
(555) 123-4567

2 **DATE 12/1/2016 – 12/31/2016**

RECEIVED FROM **Mary Smith**
Seven hundred and ten dollars Dollars \$710.00

3

4 **DEPENDENT Johnny Smith**

5 **SERVICES December child care**

6 **MONTESSORI SCHOOL**
TAX ID: 11-0000000 *Thank You!*

Account ID: 12345 **Parents:**
Bob Smith
Mary Smith

Students:
987654 Jimmy Smith

1 **Charges for Days of Attendance \$844.00**
Additional Charges Applied to Account \$0.00

2 **Payment History – January 2017**

DATE PAID	PAID BY	PAYMENT TYPE	AMMOUNT PAID
2/1/2017	MARY	CHECK	\$80.00
2/1/2017	MARY	CHECK	\$40.00

3 **MONTESSORI SCHOOL**
100 Main Street
Anytown, MA 00000-1234
(555) 123-4567

VISION RECEIPTS

Valid Receipt Sample

A valid receipt contains the following items:

1. Service description
2. Amount you're responsible for
3. Patient
4. Date of service
5. Service provider

EyesWideOpen, Inc.
 Jim Smith, OD
 www.eyeswideopeninc.com

STATEMENT

DESCRIPTION	AMT	PENDING INSURANCE	ADJ	PATIENT BALANCE
New Comp. Exam	135.00	25.00	80.00	30.00
Refraction	25.00	13.50	11.50	
Deluxe Frame	149.00	130.00	3.80	15.20
Progressive VSP	599.00	399.00		200.00
Anti-Reflective Coating	100.00	42.00		58.00
UV Lens	29.00	19.00		10.00
Patient Credit Card	-313.20			-313.20

PLEASE PAY THIS AMT	0.00
PENDING INSURANCE	28.50
ACCOUNT BALANCE	28.50

PATIENT: JANE SIMPSON PROVIDER: J. SMITH

DATE OF SERVICE: 04/15/2016

INVOICE: 13458

Invalid Vision Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts
3. Includes the payment date but not the date the service occurred

Vision Company
 100 MAIN STREET
 ANYTOWN, CA 00000
 555-123-4567

Cashier: Krista

TRANSACTION 00-1234-56

TOTAL \$184.99
 CREDIT CARD SALE \$184.99

VISA 4032
 14-JAN-2017 4:20:14P
 \$184.99 | Method: SWIPED
 VISA XXXXXXXXXXXX4032
 Auth #:0123450
 SIGNATURE VERIFIED

HEALTHCARE SUPPLIES RECEIPTS

TIP: Examples of eligible health care supplies include bandages, gauze, elastic wraps, braces, and supports. For online purchases, tax and shipping of eligible items are also eligible for reimbursement.

Valid Healthcare Supplies Receipt Sample

A valid receipt contains the following items:

1. Service provider
2. Date of purchase
3. Description of service or product
4. Amount of the product or service
5. Who the service or product is for

1 **shop.com**

2 **ORDER PLACED: MAY 15, 2016**
SHOP.COM ORDER NUMBER: 115-349134-38
ORDER TOTAL: \$17.42

SHIPPED ON MAY 16, 2016

3 **ITEMS ORDERED:** PRICE
1 OPTI-FREE REPLENISH MULTI-PURPOSE DISINFECTING SOLUTION, 10 OZ, 2 CT \$15.98

4 **ITEM(S) SUBTOTAL:** \$15.98
SHIPPING & HANDLING: \$0.00
TOTAL BEFORE TAX: \$15.98
SALES TAX: \$1.44
TOTAL FOR THIS SHIPMENT: \$17.42

5 **SHIPPING ADDRESS JUDY SMITH**
345 MAIN ST
W. BRANCH, CA 30495

Invalid Healthcare Supplies Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts

Corner Drug Store

100 MAIN STREET
ANYTOWN, CA 00000
555-123-4567

813 0609 0043 12/30/2016 7:06 PM

1 **TRANSACTION 00-1234-56**

2 **TOTAL** 5.00
VISA ACCT 1234 5.00
CHANGE .00

US DEBIT
Integrated Chip Card

**THANK YOU FOR SHOPPING
AT THE CORNER DRUG STORE**

OVER-THE-COUNTER MEDICINE RECEIPTS

Valid OTC Receipt Sample

A valid receipt contains the following items:

1. Retailer name
2. Date of purchase
3. Product description
4. Amount you're responsible for

1 — **Corner Drug Store**

100 MAIN STREET
ANYTOWN, CA 00000
555-123-4567

2 — ~~813 0609 0043~~ **12/30/2016 7:06 PM**

3 — **BENADRYL** 5.00

4 — **TOTAL** 5.00

VISA ACCT 1234 5.00
CHANGE .00

US DEBIT
Integrated Chip Card

**THANK YOU FOR SHOPPING
AT THE CORNER DRUG STORE**

Invalid OTC Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts

Corner Drug Store

100 MAIN STREET
ANYTOWN, CA 00000
555-123-4567

813 0609 0043 12/30/2016 7:06 PM

1 — **TRANSACTION 00-1234-56**

2 — **TOTAL** 5.00

VISA ACCT 1234 5.00
CHANGE .00

US DEBIT
Integrated Chip Card

**THANK YOU FOR SHOPPING
AT THE CORNER DRUG STORE**

PRESCRIPTION DRUG RECEIPTS

TIP: Provide the receipt that the pharmacist attached to the prescription rather than the cash register receipt.

Valid Prescription Receipt Sample

A valid receipt contains the following items:

1. Service provider
2. Patient
3. Service date
4. Description of service or product
5. Amount you're responsible for

Center Pharmacy DATE: 05/22/2016

JOHN H. JOHNSON

RX# 6452497 REFILL

CARVEDILOL 25 MG TABLET
GENERIC FOR: COREG 25 MG TABLET

MEDICARE

1234 MAIN ST.
EASTERN, GA 32455
PHONE: (333) 222-1111

NO REFILLS REMAINING PRESCRIBER:
D. COUSINS

PRICE: \$2.95
YOUR INSURANCE BENEFIT SAVED YOU: \$1.05

Invalid Prescription Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts

Corner Drug Store

100 MAIN STREET
ANYTOWN, CA 00000
555-123-4567

813 0609 0043 12/30/2016 7:06 PM

TRANSACTION 00-1234-56

TOTAL 5.00

VISA ACCT 1234 5.00
CHANGE .00

US DEBIT
Integrated Chip Card

THANK YOU FOR SHOPPING
AT THE CORNER DRUG STORE

HEALTHCARE PREMIUM RECEIPTS

TIP: Your documentation may look different from the sample below. However, the information highlighted is what your documentation needs to include.

Valid Healthcare Premium Receipt Sample

A valid receipt contains the following items:

1. Insurance company name
2. Insured person
3. Coverage period (start and end dates)
4. Premium description **and** premium type (i.e. medical, prescription drug, dental, vision)
5. Premium amount

Health premiums require **one** of the following:

- Payment coupon indicating the monthly amount
- Bank statement indicating the name of the insurance company and amount
- Pay or retirement stub indicating deductions for health premiums

Medicare premiums require **one** of the following:

- A Medicare statement indicating your monthly amount
- A Social Security Administration letter indicating the new Medicare rates and the effective date

Healthcare Provider of Texas
1 Main Street, Anytown, TX 00000
1-800-555-1234

SMITH, MARY
1 SCHOOL STREET
ANYTOWN, TX 00000

ID Number: 1234567
Coverage From: 01/01/2017
Coverage Through: 01/31/2017
Date Billed: 12/14/2016
Payment Due By: 01/15/2017

NOTICE OF PREMIUM DUE

To ensure continuous coverage, please pay your premium before the due date.

Health Insurance Coverage - Standard Plan F
Mary Smith

CURRENT PERIOD TOTAL: \$147.00
TOTAL AMOUNT DUE: \$147.00

Invalid Healthcare Premium Receipt Sample:

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts

Unlike other documents that must accompany each claim, you typically only need to provide the type of premium once a year. With your first claim each year, or if there is a change during the year, you need to request or submit additional documentation that shows which type of premium you're paying—whether medical, prescription drug, dental, vision, etc.

America Bank
CONVENIENCE CHECKING - 012345678

ACCOUNT HISTORY

Date	Description	Amount	Available Balance
03/17/2017	CHECK DEPOSIT	\$100.00	\$405.00
03/15/2017	WEB PAYMENT - CABLE	-\$50.00	\$305.00
03/14/2017	CHECKCARD PURCHASE	-\$5.00	\$355.00
03/12/2017	BANKING TRANSFER	\$25.00	\$360.00
03/07/2017	ELECTRONIC WITHDRAWAL - HEALTH PLAN INC.	-\$150.00	\$335.00
03/06/2017	CHECKCARD PURCHASE	-\$15.00	\$485.00
03/05/2017	CHECK DEPOSIT	\$30.00	\$500.00

Expenses Incurred Outside of United States

To submit a claim for services received or products purchased outside of the United States, provide:

- Receipts and other documentation in English
- Expenses in U.S. dollars

If receipts and documentation are in another language besides English:

- They must be translated. You, the service provider, or someone else can do the translation.
- The translation can appear on the receipts and documentation, or in a separate document.

If you're unable to convert the expenses to U.S. dollars from another currency, submit them. Your Smart-Choice Account will convert the amounts to dollars.