HEALTHCARE EXPENSE FLEXIBLE SPENDING ACCOUNT

Orthodontic Pro Rata Worksheet and Claim Form

EMPLOYER:_____

SSN:_____EMPLOYEE NAME:_____

HOME ADDRESS:_____
Number/Street *City* *State* *Zip*

WORK SITE PHONE:_____HOME PHONE:_____

Þ THIS FORM NEEDS TO BE COMPLETED ONCE PER PLAN YEAR Ü

Complete this worksheet to pro rate the orthodontic cost over the life of the orthodontic treatment			
1.	Patient's Name:	_____	
2.	Date appliance installed		____ ____ ____
3.	Expected date completion of treatment		____ ____ ____
4.	Number of months of treatment	*Count number of months from installation to completion*	_____months
5.	Total cost of treatment	*Attach copy of Orthodontic contract*	**$**_____
6.	"Up-Front" costs: *(Examples: X-rays, evaluation and installation.)*	*Eligible for reimbursement when paid. Submit documentation with this form or a Healthcare Reimbursement Claim form.*	**$(**_____**)**
7.	Insurance reimbursement	*Attach Dental Pre Authorization worksheet or Insurance Explanation of Benefits "EOB"*	**$(**_____**)**
8.	Expense to be amortized over treatment	*Subtract Line 6 and Line 7 from Line 5*	**$**_____
9.	**Monthly Expense**	*Divide Line 8 by Line 4*	**$**_____

The ***Monthly Expense*** will be automatically reimbursed to you each month beginning with the first month of treatment *(or the first month of the plan year if this is a continuation of a previous claim)* until you have been paid the full amount of your annual election or the contract ends. **No additional orthodontic claim forms need to be submitted.**

Under the rules of the Flexible Benefit Plan adopted by your employer, an expense is considered as having been incurred when the service is provided that gives rise to the expense, and not when the expense is formally billed or paid. An employee may not be reimbursed in advance for the full cost of an ongoing treatment because the full service has not been completed.

Orthodontist Name: *(Please print)*_____**Phone:** _____

Orthodontist Signature:_____**Date:**_____

Attach a copy of the Orthodontic Contract to this form

Employee Signature:_____**Date:**_____

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