



## FLEXIBLE SPENDING ACCOUNT FSA 125 REFERENCE BOOKLET

- Instructions for the FBA of Syosset Website - [www.fbaofsyosset.com](http://www.fbaofsyosset.com) - where you may review your claim status, year to date contributions and balances remaining on your Flexible Spending Account.
- Benefit Debit Card Information Enclosed
- Guidelines for submission of claims.
- Listing of eligible and non-eligible expenses (IRS 125)
- Health Care Spending Account claim form for reimbursement.
- Dependent Care Spending Account claim form for reimbursement.

If you have questions on the enclosed material, please contact us.

FBA OF SYOSSET, LLC  
100 QUENTIN ROOSEVELT BLVD, SUITE 502  
GARDEN CITY, NY 11530  
PHONE: (855) 374-6431 FAX: (888) 371-3151



FBA OF SYOSSET, LLC  
100 QUENTIN ROOSEVELT BLVD, SUITE 502  
GARDEN CITY, NY 11530  
PHONE (855) 374-6431 FAX (888) 371-3151



## GUIDELINES FOR SUBMISSION OF SECTION 125 CLAIMS

These guidelines are intended to aid you in filing claims through Section 125 Plan for reimbursement. They will assist you in receiving a quick reimbursement and avoiding an unnecessary returns or requests. You may fax your claim to our New Fax Number (888) 371-3151.

Necessary items to include in your packet of Section 125:

1. Fully completed claim form (health or dependent care reimbursement form).  
These can be obtained through your department of human resources or by calling our office at (855) 374-6431.
2. Explanation of benefits from either your medical or dental insurance. This is the paper that is attached to your insurance payment. This can also be obtained from your individual medical or dental care giver. Most medical and dental insurance will send you and your primary care provider a copy of the benefits. The E.O.B. contains all the information needed to process your out of pocket expenses (i.e.: name of patient, date of service, name of doctor). If your insurance does not cover a particular procedure or the fee has been applied to your deductible, we must have the denial or the statement stating such facts (an itemized bill stating these facts is NOT ACCEPTABLE). If you do not have or cannot obtain an E.O.B. for co payments reimbursement, then you must submit the following:
  - A. An itemized bill from the primary care provider giving details of all services that were rendered to total the amount being submitted in for reimbursement. This bill must list the dates of services, the procedures performed, names of patient, name of doctor AND any insurance payments that were made on the account. Without this information, an itemized bill is NOT ACCEPTABLE. "Balance Forward" and "Previous Balance" statements are NOT ACCEPTABLE. If you DO NOT have insurance, this also must be stated on the itemized bill.
  - B. Written receipts from a doctor's office are acceptable as long as the actual date of service (not the date you paid), the name of the patient and the name of the doctor is clearly printed on the receipt, These receipts can only be the usual co payment amount that you would normally pay for your visit (i.e. \$10, \$15, or \$20). If it is an out of the norm amount, then either an itemized bill or an E.O.B. is necessary to ensure reimbursement.

Cancelled checks are also NOT ACCEPTABLE; they do not specify the Information needed to properly process your claim.

Predeterminations of Benefits are NOT ACCEPTABLE for reimbursement under the Flexible spending account program. A predetermination of benefits is an estimate of payment prior to services being performed. Reimbursement can only be given for date of services that were actually performed.

- C. Prescription: If you are submitting receipts for pharmacy co-pays, please send in the pharmacy receipts that you receive attached to the prescription. These receipts detail the name of patient, date when the prescription was filled; co-payment amount and prescription number that we need to process the claim. Register receipts are only acceptable for the purchase of over the counter drugs. **The cash register receipt must have the name of the OTC drug and the date of service along with the physician prescription.** If you cannot collect all these receipts or you may not have saved them, your pharmacist can print out a list of your entire family's history of prescriptions for that particular year. Privacy may be a concern; therefore, you may block out any names for medication to ensure your privacy.

Sending in a complete and clearly legible claim to our office will ensure a quick reimbursement. As always, we are happy to assist you in any matters or concerns that you may have. Please contact us at (855) 374-6431.



FBA of Syosset, LLC  
 100 Quentin Roosevelt Blvd, Suite 502  
 Garden City, NY 11530  
 Phone: (855) 374-6431  
 Fax: (888) 371-3151



**POUGHKEEPSIE CSD**

**ONLINE FSA ACCESS: 24/7/365 Access & Management**

**Website:** [www.fbaofsyosset.com](http://www.fbaofsyosset.com) click on "Log In/Register" in the top right corner.

This will allow you access to your current claims paid and account balances on our system for Flexible Spending (Section 125 Plan) for the 2019 Flexible Spending Plan Year.

**Register for the 2019 Flexible Spending Plan: Registration ID FBAPOUGHKEEP**

**Important:** To register with this site, you must use your **Social Security Number** as your **Employer ID number** and a **Registration ID**.

**Instructions –**

1. Please enter your desired **User Name**
2. **Enter a password**, which meets the criteria listed below. Please do not use your name within your password.
3. Enter your **First Name** and **Last Name** as they were provided to your employer at enrollment.
4. Provide an **Email Address**.
5. **Employer Id Field**-Enter your **Social Security Number**.
6. For **Registration ID**, select the ID type you wish to use and then enter your Employer's Registration ID- **FBAPOUGHKEEP**.
7. Check the **Accept the Terms of Service** check box.
8. Click **Register**

**Password Requirements:**

A valid password must contain between 8 and 16 characters.

In addition, a password must include 3 of the following 4 types of characters:

- An Upper Case Letter
- Lower Case Letter
- A Special Character (such as %, !, @, etc.)
- A Number

In addition, a password **CANNOT**:

- Contain the same character repeating 3 or more times, for example, 'AAA' is invalid
- Contain the word 'password'
- Contain the username
- Contain spaces
- All fields marked with a red arrow are required. - (**Note:** - Registration may take several seconds. Once you click the Register button please wait until the system responds.) Indicates required fields

User Name:	
Confirm Password:	
First Name:	
Last Name:	
E-mail Address:	
Employee ID: (Social Security number. 1 time entry only) this is a https: secure/protected site (Do not write down)	
Registration ID: FBAPOUGHKEEP	
Accept Terms of Use	View Terms of Use
Register or Cancel	



FBA OF SYOSSET, LLC  
100 QUENTIN ROOSEVELT BLVD, SUITE 502  
GARDEN CITY, NY 11530  
PHONE (855) 374-6431, FAX (888) 371-3151



### **Eligible Health Care Expenses- See IRS Publication 502}**

Eligible medical care expenses include amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care and may not be eligible. Expenses that are merely beneficial to one's general health are not expenses for medical care. In some cases, you may be asked to provide a letter of medical necessity from your attending physician to substantiate your claim.

This list has been compiled for the convenience of our clients and participants and is designed to provide a general overview. Readers are cautioned to review their own employer-sponsored benefit plan descriptions and enrollment material for specific information or to consult with their employer or personal tax advisor as necessary. This information is subject to change at any time and without notice.

Acupuncture  
Alcoholism treatment  
Allergy treatments - prescription medications and allergy shots  
Alternative healers, professional fees of  
Ambulance service  
Artificial insemination  
Artificial limb/teeth  
Autoette (wheelchair)  
Automobile modifications (if medically necessary)  
Battery-powered toothbrush (if medically necessary and prescribed by physician)  
Birth control pills (Norplant, ovulation)  
Blood pressure monitoring devices  
Body scans for diagnostic purposes  
Bone density testing  
Braille books and magazines  
Capital expenditures- **See IRS Publication 502** - Capital Expenses [Only a qualified financial or tax consultant can make an absolute determination with regard to the qualification of capital expenditures]  
Childbirth expenses (physician, midwife)  
Chiropractor professional fees  
Cholesterol testing  
Christian Science Practitioner fees  
Co-insurance, co-pay amounts and deductibles  
Contact lenses and cleaning solutions  
Contraceptives (birth control pills, condoms, spermicides)  
Cosmetic surgery and procedures to correct congenital abnormality or treat injury resulting from accident  
Counseling (for treatment of specific medical condition)  
Crutches  
Deductibles  
Dental treatment (includes exams, x-rays, fillings, root canals, gum disease treatment, crowns, bridges, dentures, implants, orthodontia; does not include cosmetic treatments such as teeth whitening, dental veneers, bonding, etc.)  
Diabetic supplies (insulin, syringes, testing strips, glucometers)  
Diagnostic services and tests  
Diapers (if required due to medical condition)  
Doula services- If the doula is a licensed health care professional who renders medical care, his or her fees can be reimbursed  
Drug dependency treatments  
Drugs (prescription drugs, insulin; does not include cosmetic drugs (e.g., Retin-A, over-the-counter acne products, etc. **unless**, you have a prescription for that item written by your physician).  
Dyslexia treatment  
Eye surgery (cataract, LASIK, corneal rings, etc.)  
Eyeglasses, prescription (includes prescription sunglasses; also includes over-the-counter reading glasses)

Eye examinations  
Fertility treatments (in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children)  
Flu shots  
Fluoridation device (if medically necessary & prescribed by physician)  
Genetic testing  
Guide dog or other animal used to assist persons with physical disabilities  
Health institute  
Health screening (cholesterol checks, bone density testing, blood pressure testing, hearing exams)  
Hearing aids and batteries  
Home health care  
Hospital services  
Immunizations  
Inclinators  
Infertility treatments  
Insulin and syringes  
Laboratory fees  
Lactation Consultants  
Language training for child with dyslexia or disabled child  
Laser eye surgery (cataract, LASIK, corneal rings, etc.)  
Lead-based paint removal  
Learning disability caused by mental or physical impairment, or nervous system disorders (treatment must be recommended by physician – **See IRS Publication 502**) - Learning Disability)  
Legal fees (fees you pay that are necessary to authorize treatment for mental illness)  
Lodging- **See IRS Publication 502**) - Lodging  
Long-term care services  
Massage Therapy medically necessary to treat a specific injury or illness  
Mastectomy-related special bras (the cost over & above the cost of a normal bra)  
Meals (only as part of inpatient hospital care)  
Medic-alert bracelet  
Medical conference admission and transportation to/from (if concerns chronic medical condition of you, spouse or child)  
Medical equipment (crutches, wheelchairs, walkers)  
Medical information plan  
Medical monitoring and testing devices  
Medical records charges  
Medical services provided by physicians, surgeons, specialists or other medical practitioners  
Medical Supplies (bandages, band-aids, gauze pads, thermometers, hot/cold packs, heating pads, nasal (breathe-right) strips, etc.)  
Medicines/Drugs (prescription drugs, or insulin; does not include cosmetic drugs)  
Mentally handicapped, special home for person adjusting from life in mental institution to community living  
Norplant insertion and removal  
Nursing home (if necessary for medical care and only the portion for medical services)  
Nursing services  
Nutritionist's professional expenses (if treating a specific medical condition; not for weight loss for general health)  
Obstetrical expenses  
Occlusal guards to prevent teeth grinding  
Operations (legal operations that are not cosmetic in nature)  
Optometrist fees  
Oral surgery  
Orthodontia  
Orthopedic devices  
Orthopedic shoes (to the extent the cost exceeds that of normal shoes)  
Osteopath fees  
Ovulation monitor  
Oxygen  
Patterning exercises  
Physical exams, routine physicals  
Physical therapy  
Physician's fees  
Pregnancy test, over-the-counter

Prescription drugs (does not include cosmetic drugs)  
Prescription eyeglasses or prescription sunglasses  
Prosthesis  
Psychiatric care  
Psychoanalysis  
Psychologist fees  
Radial keratotomy (corrective eye surgery)  
Reading glasses (prescription glasses or over-the-counter glasses)  
Reconstructive surgery following mastectomy  
Schools and education, special (for mentally impaired or physically disabled person – **See IRS Publication 502**)  
Sick-child care facility (for medical care only)  
Sleep disorder and treatment  
Speech therapy  
Sterilization procedures (vasectomy or tubal ligation)  
Stop-smoking programs (including hypnosis)  
Storage fees for embryo or sperm (fees for temporary storage of eggs or sperm only to extent used for immediate conception in current plan year)  
Storage fees for umbilical cord blood (fees for temporary storage only to extent used for medical condition in current plan year)  
Sunscreen with SPF 15 or higher  
Sunglasses (only if medically required due to specific medical condition & obtained at direction of physician)  
Surgical fees (for legal operations not cosmetic in nature)  
Taxes charged for medical services and products  
Telephone consultations with a health care provider  
Telephone or Television for hearing-impaired persons, special equipment for  
Therapy, physical or speech  
Transplants (donor expenses, if you pay those expenses)  
Transportation and related travel expenses for person seeking treatment- **See IRS Publication 502**  
Transportation and Trips)  
Usual and customary, charges in excess of  
Vaccines, vaccinations  
Vasectomy  
Vitamins (only by prescription and only if necessary to treat a specific medical condition)  
Weight-loss program (only if medically necessary to treat existing disease (such as heart disease) and undertaken under physician's direction)  
Wheelchair  
Wigs (if purchased upon advice of physician for mental health of patient)  
X-ray fees

### **Ineligible Health Care Expenses (See IRS Publication 502)**

Adoption fees  
Baby-sitting, childcare or nursing services for a healthy baby  
Breast pump  
Chairs, recliner  
Childbirth expenses (Lamaze or childbirth classes, doula services)  
Cold Medicine (over-the-counter drugs including sore throat sprays, lozenges, nasal sprays, cough syrups, cough drops and vapor rubs.) **unless**, you have a prescription for that item written by your physician.  
Concierge Fees, A/K/A Boutique, Practice, VIP or Retention Fees are not considered an eligible expense since the fee is paid regardless if medical care is needed.  
Completing claim forms  
Controlled substances (marijuana, laetrile, etc.)  
Cord blood storage for future use  
Cosmetic surgery or procedures; cosmetic prescription drugs such as Renove, Propecia, etc and over-the-counter cosmetic drugs/medicines.  
Counseling (marriage, family counseling)  
Dancing lessons  
Dental veneers or bonding, or teeth whitening for cosmetic reasons  
Diaper service  
Divorce expenses

Domestic help  
Doula services  
Ear piercing  
Electrolysis or hair removal  
Exercise equipment for general health  
Exercise/Fitness programs for general health Expenses that have been reimbursed elsewhere, or that may be reimbursable under any other source  
Expenses not incurred during your period of coverage  
Facelifts or other similar cosmetic treatments (dermabrasion, chemical peels, etc.)  
Funeral expenses  
Hair transplant  
Health club membership dues  
Herbal supplements (dietary and nutritional supplements, vitamins, natural medicines, etc.)  
Household help  
Illegal operations and treatments  
Insurance premiums  
Laetrile  
Lamaze/Childbirth classes  
Lifetime care fees  
Liposuction or other similar cosmetic treatments  
Marriage, family counseling  
Marijuana  
Maternity clothes  
Mattress  
Meals while traveling to obtain medical care  
Medical newsletters  
Medical savings account  
Over-the-counter Drugs/Medicines (allergy medicines, antacids, anti-diarrhea, anti-fungal ointments and creams, antiseptic ointments and creams, cold medicines including sore throat sprays, lozenges, nasal sprays, cough syrups, cough drops, vapor rubs, eye drops, first-aid and antibiotic creams and ointments, gas relief medicines, hemorrhoid ointments and creams, laxatives, lice treatments, motion-sickness pills, pain relievers including arthritis pain, head/back pain and menstrual pain, sleep aids, stop smoking gums/patches, yeast infection products; includes cosmetic items, vitamins, herbal and dietary supplements or items for general good health) **unless**, you have a prescription for that item written by your physician.  
"No Show" doctor or dentist visits, charges for  
Nursing services for health baby  
Nutritional supplements (vitamins, herbal and dietary supplements, natural medicines, etc.)  
Pain Relievers (for arthritis pain, head/back pain, menstrual pain, muscle or joint pain, e.g., aspirin, ibuprofen; includes vitamins or herbal supplements) **unless**, you have a prescription for that item written by your physician.  
Paternity testing  
Personal use items (items ordinarily used for personal, living or family purposes)  
Prepayment for services not yet provided  
Prescription drug discount programs  
Recliner chair  
Safety glasses  
Stop-smoking (gums and patches) **unless**, you have a prescription for that item written by your physician.  
Storage fees for embryo, sperm or umbilical cord blood, long term  
Student health fees  
Sunglasses, clip on  
Surrogate expenses  
Swimming lessons  
Tanning salons and equipment  
Tattoo removal  
Teeth bleaching/whitening for cosmetic purposes  
Tax Equity and Fiscal Responsibility Act (TEFRA)  
Vacuum cleaner for allergies  
Varicose veins, treatment of  
Vision service agreements or lens replacement insurance  
Warranties/service contracts  
Weight loss programs for general health or appearance; diet foods for weight loss



**Eligible Dependent Care Expenses (See IRS Publication 503)**

To be eligible for favorable tax treatment, childcare expenses must be "employment related expenses," as defined under IRC Sec. 21(b)(2), related to expenses for household and dependent care services that are necessary in order for the taxpayer to be gainfully employed. In a married couple household, both spouses must be gainfully employed and working during the hours of the dependent daycare services is provided. A child is eligible for daycare services up to the age 13.

Before and after school or extended day programs (supervised activities after the regular school program)  
Au pair expenses for dependent care (does not include travel expenses)  
Babysitter inside or outside household-(you must include the providers SSN or TIN with your claim)  
Custodial childcare or eldercare expenses for qualifying individual  
Day camps, if primary reason for being there is the care and well-being of the child and is custodial in nature and not educational (Both parents must be working during the hours the child/children are attending camp)  
Daycare centers  
FICA and FUTA taxes of daycare provider  
Household employee whose services include care of a qualifying person  
Looking for work-expenses incurred to enable employee to look for work  
Nanny expenses  
Preschool/Nursery school for pre-kindergarten  
Sick-child care center to extent the care is not for medical services  
Work-related day care expenses - must allow you to work or look for work. You must be gainfully employed (earning income). This does not include volunteer work that is unpaid or for nominal pay

**Ineligible Dependent Care Expenses (See IRS Publication 503)**

Educational/tuition expenses - kindergarten, first grade and above  
Expenses paid to child of participant  
Field trip expenses  
Food, clothing, education or entertainment expenses  
Household services (chauffeur, bartender, gardener)  
Incidental expenses (diaper, activities, etc. charges)  
Overnight camp (not even the portion attributed to the daytime cost)  
Payments for care where you are not the custodial parent (in divorce situations)  
Payments for care while you are off work because you are on a leave of absence  
Payments for care while you are off work because you are on maternity or other medical leave  
Payments for care while you are off work because you are on vacation  
Payments for care while you are off work due to illness  
Payment for services not yet provided (advance payments)  
Registration fees/reservation fees/holding fees  
Transportation expenses