Flexible Spending Accounts
How to File a Claim for Approval

Claim Filing Options:

- File claim online: Log in to your account at www.kaznection.com to submit your claim electronically.
- File claim via fax or mail: Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: 512-340-0406, US Mail: Kazdon Inc, Claims Administrator, P.O. Box 29927, Austin, TX, 78755

Instructions to fill out this form:

- Complete ALL account holder information.
- Provide your employer name without abbreviation.
- Use your documentation to complete each section of the form, including the following:

1. Service Date(s)
2. Type of Service
3. Specify Service
4. Patient Responsibility
5. Dollar Amount

Tips for Claim Submission

- An eligible dependent is defined as a spouse, qualifying child, or qualifying relative.
  - A qualifying child is defined as a dependent child up to age 26 or any age if permanently disabled.
  - A qualifying relative is someone who resides with you for more than half of the year.
  - Qualifying children and relatives must not provide more than half of his/her own support.
  - For information to claim orthodontia expenses, refer to the guide located at: www.kaznection.com.
- For a complete list of eligible expenses specific to your plan, log in to your account at www.kaznection.com.
- A letter of medical necessity is required for any expense listed as "Yes (Letter)" on the eligible expense list to establish medical necessity. Cosmetic surgery or procedures, e.g., teeth whitening, are not eligible expenses unless deemed as medically necessary by a licensed physician. A letter of medical necessity form can be obtained at: www.kaznection.com.

Tip for Over-the-Counter Expenses

- A prescription is required for any over-the-counter expense listed as "Yes (Rx)" on the eligible expense list. As a result of the Health Care Reform Law, in addition to the required detailed receipt, an actual prescription written by a doctor (on a prescription pad or form) dated on or before the date the expense was incurred is required to verify that the over-the-counter medicine is prescribed for a known medical condition.

Tips for Documentation

- Ensure that the documentation is legible.
- Cancelled or copies of checks and credit card receipts do not contain all 6 required pieces of information needed to approve your expense, and are not acceptable for submission.
- Explanation of Benefits (EOBs) are recommended, especially if your insurance covered a portion of the expense.
- The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- Send only photocopies of your claim form and documentation keep the originals for your records if submitting via US Mail.
- Your provider may sign the form confirming the date of services, charges, and other service or product information in lieu of providing separate documentation or other proof of service.

Tips for Faxing

- Do not use a cover page when faxing the claim form and documentation.
- Submit only claims for your own account.

Tips for Viewing Claim Status

- Please allow 2 business days from receipt of your claim for processing.
- You will be notified via email of the status of your claim if we have a valid email address on file (to update your email address, please log in to your account at www.kaznection.com.

Flexible Spending Account (FSA) Claim Form

Kazdon, Inc.
Payroll • Benefits • FSA

Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting **EOB**, receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Minimum Total Reimbursement = $25
- Please allow 2 business days for claims to be processed

- **File claim online:** Join the growing majority of participants who submit their claim online for faster service. Log into your account at www.kaznection.com to file your claim electronically, upload your documentation and view your account balance.
- **Notice:** All over-the-counter (OTC) medication claims must be accompanied by a prescription and/or a Letter of Medical Necessity to be eligible under new federal regulations.

1. Personal Information

Company Name: | Employee Phone Number:

Employee Name: First Name, Last Name, MI | Social Security Number: (Required)

Employee Street Address, City, State, Zip: | Address Change? ☐ Yes ☐ No

2. Health Care Expenses

	Date of Service											
	MM	DD	YY	Office Visit	RX	Dental	Vision	Non-Drug OTC	Orthodontia	Other Services: Please Specify	Patient Name	Amount
1)				☐	☐	☐	☐	☐	☐			
2)				☐	☐	☐	☐	☐	☐			
3)				☐	☐	☐	☐	☐	☐			
4)				☐	☐	☐	☐	☐	☐			
5)				☐	☐	☐	☐	☐	☐			
6)				☐	☐	☐	☐	☐	☐			
7)				☐	☐	☐	☐	☐	☐			
8)				☐	☐	☐	☐	☐	☐			
9)				☐	☐	☐	☐	☐	☐			
10)				☐	☐	☐	☐	☐	☐			
11)				☐	☐	☐	☐	☐	☐			

Total Health Care Expenses 0.00

The above expenses are documentation for my Debit Card: ☐ Yes ☐ No

3. Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature | Date

Please Fax or Mail your claim form and receipts to the following:

Mail: Kazdon, Inc., P.O. Box 29927, Austin, Texas 78755

Fax: (512) 340-0406