

## Orthodontia Claims

### Reimbursement options

If orthodontia is an eligible expense for your plan, you can be reimbursed for the portion of orthodontia expenses that are not covered by your insurance. First, pay for orthodontic services out-of-pocket, then follow these instructions to be reimbursed from your HealthEquity account.



### Two types of documentation



**1. Itemized receipt** – If you have already paid for a service, it's easiest to submit an itemized receipt and request reimbursement.

Your itemized receipt must include:

- Provider name
- Description of services (Orthodontia treatment, braces, retainer, Invisalign etc.)
- Date of service (Date paid is considered the date of service)
- Patient
- Amount paid

**Please note:** A signed and completed claim form is required if you do not submit your claim electronically.



**2. Contract** – If you would like to set up automatic reimbursements, it's easiest to submit a contract showing your planned payments.

**Your contract must include:**

- Patient name
- Total contracted amount
- Monthly installment amount
- Beginning and end date of treatment
- Estimated insurance payments (if applicable)
- Initial or down payment amount (if applicable)

Please note: If you cannot submit an itemized receipt, you must include a copy of your orthodontia contract with your first orthodontia reimbursement claim. When requesting reimbursement using only the contract and claim form, the payable amount must match the monthly installment amount outlined in your contract.



### Four easy ways to submit your contract:

**Mail:**

HealthEquity claims  
15 West Scenic Pointe Drive  
Draper, UT 84020

**Email:**

reimbursementaccounts@  
healthequity.com

**Scan and upload:**

to 'Documentation Library' by logging in to My.HealthEquity.com and selecting 'Receipts & Documentation' from the 'Docs & Forms' menu

**Fax:**

801.999.7829

## Two ways to be reimbursed

**1. Manual reimbursement:** You can submit a reimbursement claim after each monthly payment or after a lump-sum payment. Please note that the date of payment is considered the date of service.

**How to:** Log in to the HealthEquity Member Portal at My.HealthEquity.com and select 'Request Reimbursement' from the 'Claims & Payments' menu, or fill out the 'Orthodontia Reimbursement Form' by selecting 'General Forms' from the 'Docs & Forms' menu.

- Include a copy of your orthodontic treatment plan and/or payment arrangement contract with the orthodontist with your first request for orthodontia reimbursement.
- All requests for reimbursement must include proof of payment.
- Any past payments must include a payment receipt that matches the contracted amount or an itemized receipt indicating the expense was for orthodontic treatment/services.

include a copy of your orthodontia contract with your first orthodontia reimbursement claim. When requesting reimbursement using only the contract and claim form, the payable amount must match the monthly installment amount outlined in your contract.

The screenshot shows a web browser window displaying the HealthEquity Member Portal. The navigation bar includes 'My Account', 'Claims & Payments', 'Docs & Forms', and 'Resources'. The main content area is titled 'Who do you want to pay?' and features two radio button options: 'Pay Provider' and 'Reimburse Me'. The 'Reimburse Me' option is selected. Below the options, there is a note about EFT and a 'Faster Payment Options' section with three bullet points. At the bottom, there are 'Previous' and 'Next' buttons, and a 'Show Me How' link.

The screenshot shows a web browser window displaying the HealthEquity Member Portal. The navigation bar is the same as in the previous screenshot. The main content area is titled 'Make a Payment' and includes a breadcrumb trail: 'Choose Account / Deductible Met / Payment Type / Expense Details / Payment Detail / Review'. The 'Expense Details' step is active. The form has two sections: 'Type of Expense' with 'New' and 'Existing' radio buttons (where 'New' is selected), and 'Record Keeping Information' with a dropdown menu labeled '(Make a Selection)'. A 'Show Me How' link is visible at the bottom right.

**2. Auto-pay:** You can set up recurring reimbursements that follow the schedule of payments specified in your contract.

**How to:** Select 'Annual' on the 'Orthodontia Reimbursement Form,' which can be located through the HealthEquity Member Portal by selecting 'General Forms' from the 'Docs & Forms' menu.

- Automatic reimbursements will occur throughout the rest of the year without needing to submit new requests. The reimbursements will follow the same payment schedule dictated by your contract. You can request that automatic payments stop at any time.
- At the beginning of the new plan year, you need to submit a new orthodontia reimbursement form. You can only set up auto-pay by completing this form.

**Orthodontia Reimbursement Form** **HealthEquity**

Mail or fax completed forms to:  
**Address:** HealthEquity, Attn: HealthEquity Claims  
 15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020  
**Fax:** 801.999.7829

**For faster processing, enter the claim and upload required documentation using the 'Claims & Payments' tab on the member portal.**

Account holder information <input type="checkbox"/> Change of address			
Company name		Last 4 of SSN or HealthEquity ID number (6 or 7 digits)	
Last name	First name	M.I.	
Street address	City	State	ZIP
Mailing address (if different from street address)	City	State	ZIP
Email address (required)	Daytime phone ( )	Work phone ( )	

Orthodontia reimbursement information (Review options below)			
Orthodontia contracts are required with the first submission of orthodontia claims.			
Select option (Required)			
<input checked="" type="checkbox"/> <b>Annual:</b> Elect this option if your orthodontia amount is the same each month. HealthEquity will send automatic payments for the remaining plan year. With this option, you won't need to submit a new form each month. Payments will continue unless you request they be discontinued. You will need to submit a new orthodontia reimbursement form at the beginning of the new plan year. Annual option will be paid on the last business day of the month.			
<input type="checkbox"/> <b>Pay as-you-go:</b> Select this option if orthodontia amounts are different each month.			
Initial orthodontic payment (Amount paid to orthodontist at initial treatment)		Date paid: ____/____/____	\$
Date of service: ____/____/____	Service provider	Patient name	Monthly amount \$
Date of service: ____/____/____	Service provider	Patient name	Monthly amount \$
Date of service: ____/____/____	Service provider	Patient name	Monthly amount \$
<b>TOTAL REQUESTED</b>			\$

Account holder certification	
<b>Certification:</b> I request reimbursement for the qualified expenses listed above. I have attached appropriate receipts or third-party proof that I have incurred these expenses within the plan year and during the benefit period under this plan. I certify that I haven't been reimbursed for these expenses by my insurance or any other source. I understand that I can't claim these expenses on my income tax return.	
Account holder signature	Date

If you have additional expenses, please complete an additional form. **Send only copies of receipts.** Keep original receipts for your records.  
 If you have questions, contact HealthEquity® member services at 877.472.8632, they are available every hour of every day to assist you.

www.MyHealthEquity.com 877.472.8632  
Orthodontia\_reimbursement\_form\_20170227

## Helpful reminders

Reimbursements can only be paid using funds for the plan year in which payments are made. Additionally, you can only be reimbursed up to the total amount elected for that given year.

- If orthodontia services continue into the following plan year, you can be reimbursed for payments made for services the following year.
- Date paid is considered the date of service.
- Orthodontia includes Invisalign.
- This information is intended for general use only. Each reimbursement request is reviewed for eligibility.

## Initial fees and down payments

**Initial evaluation fees:** Initial orthodontic services such as moldings, diagnostic records fees, consultation fees, etc., are reimbursable, even if the expenses are separate from the contracted treatment. An itemized receipt with all required information is acceptable documentation. Fees for appliances, such as mouth retainers, which are not included in the contract are also eligible for reimbursement.

**Initial fee or down payment:** Providers often require an initial fee or down payment before the start of orthodontia treatment. This expense is eligible for reimbursement with a contract and receipt of payment or itemized receipt specifying it is for orthodontic treatment.



## Need help?

For answers to your questions, log in to your account and look for the chat icon, or contact our Member Service team 24/7 at

866.346.5800 | [my.HealthEquity.com](https://my.HealthEquity.com)