



# ORTHODONTIA REIMBURSEMENTS

Under IRS regulations, no expense can be reimbursed through a flexible spending account until the service has been provided. However, the full amount for orthodontic services may be reimbursed when the work is started if full payment is required by the orthodontic provider before services can begin.

If there has been a service agreement or contract drawn between the doctor and patient agreeing on services provided and payments over the course of the treatment, TASC will reimburse the participant on a monthly basis according to that agreement.

If your orthodontic provider does not offer a payment contract or service agreement, please follow the instructions below to determine the reimbursable amount you are eligible for each month.

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## How to submit an orthodontia expense for reimbursement:

A Reimbursement Request Form must be completed each time you want to be reimbursed. A copy of the orthodontic contract or service agreement must accompany the Reimbursement Request Form **each time** as well. In the absence of a contract or service agreement, please complete the Orthodontia Worksheet on the next page, have it signed by your orthodontist and submit it with your initial reimbursement request.

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## With each subsequent Reimbursement Request Form, please provide one of the following:

- A copy of the orthodontic contract or service agreement.
- A copy of the “coupon” if you were provided a payment book,
- A receipt that clearly indicates the month and year the service was provided, the monthly payment amount, the name of the orthodontist, and that the payment is for orthodontia, or
- Complete all columns indicated on the Reimbursement Request Form and have the orthodontist sign the form in the “Provider’s Signature” box. (The “Service Description” column must clearly indicate the service (orthodontia) and the “Dates of Service” column must clearly indicate the month and year the service was provided.)
- Payments cannot be reimbursed in advance.
- Banding or placement fees are eligible for reimbursement upon placement. An itemized receipt must accompany the request form that indicates the service is a banding fee instead of a monthly fee.

**When there is no service agreement or payment contract** and the doctor offers a discount if the full amount is paid upon installation, the following procedures should be followed:

1. The doctor must apportion the total cost of the braces to the number of office visits during the estimated length of service, less any payments from your insurance company or provider discounts received.
2. If the orthodontist determines that, for example, one-third of the service will be incurred in the first visit when the braces are applied, then that “one-third” payment (initial or down payment) will be reimbursed at the time of the first visit.
3. The orthodontist must then determine the estimated length of service (number of months), and divide the remaining balance by that number of months. TASC will then reimburse that amount on a monthly basis.  
(Please see the worksheet on the reverse side of this form.)

# ORTHODONTIA REIMBURSEMENTS



## ORTHODONTIA WORKSHEET

Patient Name: \_\_\_\_\_

Date Treatment Begins: \_\_\_\_\_

Total Amount for Orthodontic Services: \$ \_\_\_\_\_

### **Subtractions**

Insurance payments: \$ \_\_\_\_\_

Provider discount: \$ \_\_\_\_\_

Initial payment due upon application of braces\*: \$ \_\_\_\_\_

TOTAL (Remaining Balance): \$ \_\_\_\_\_ ÷ \_\_\_\_\_ = \$                       
number of months

**Your monthly payments  
&  
eligible monthly  
reimbursable amount**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant ID#

\*I acknowledge that full payment has been/will be received in advance from the above named patient in order for services to begin.

\_\_\_\_\_  
Signature of Orthodontic Service Provider

*Submit this form with your completed Reimbursement Request form to TASC.*