



## HOW TO FILE YOUR CLAIM

COMPLETE AND SIGN YOUR CLAIM FORM AND REMIT ALONG WITH PHOTOCOPIED RECEIPTS TO PBS ONE OF THE FOLLOWING WAYS:

FAX: 303-221-2785

MAIL: PLANNED BENEFIT SYSTEMS, INC.  
P.O. BOX 4594  
GREENWOOD VILLAGE, CO 80155-4594

EMAIL: [pbsclaims@cci-pbs.com](mailto:pbsclaims@cci-pbs.com)

PLEASE KEEP A COPY OF THIS FORM AND YOUR ORIGINAL RECEIPTS FOR YOUR RECORDS.

## TIPS FOR FILING YOUR HEALTH CARE REIMBURSEMENT CLAIMS

Submit your provider receipt(s) or an Explanation of Benefits (EOB) from your insurance company that includes the following information:

- ✓ Name of Service Provider
- ✓ Address of Service Provider
- ✓ Date of Service(s)
- ✓ Cost of Service
- ✓ Description of Service

Cancelled checks, credit card receipts or statements that only show a "Balance Due" are not acceptable forms of substantiation. The best way to ensure a claim will be reimbursed is to submit your expenses to your insurance provider (if applicable), receive an Explanation of Benefits detailing what was not covered by insurance, then submit a claim form and the EOB.

## THINGS TO REMEMBER ABOUT HEALTH CARE REIMBURSEMENTS

- Services must be rendered during the plan year while you're an active participant.
- If you have entered the plan mid-year or terminated participation, only expenses incurred while you were an active participant are eligible for reimbursement.
- You may be eligible to continue in the plan after termination, ONLY if you had a positive account balance at termination.
- You will receive notification within 7 to 10 business days after receipt of your claim form if your reimbursement cannot be processed for any reason.
- **Orthodontic** work is reimbursed as paid to the provider. **Submit your claims as you pay for the services** (i.e. submit claim for 25% down payment when paid and submit receipts for monthly installments as paid). We must have a receipt from the provider showing payment was made in the current plan year. Please do not send a copy of a payment schedule or a copy of a cancelled check, as they are not enough to substantiate the claim.
- **Cosmetic surgery/procedures ARE NOT** eligible expenses unless deemed medically necessary by a licensed physician. Planned Benefit Systems will require a Certification of Medical Necessity from your physician. **Teeth whitening/bleaching** is considered cosmetic and **IS NOT** eligible for medical reimbursement.
- For a more comprehensive list of "Eligible Medical Expenses", please visit our website at [www.cci-pbs.com](http://www.cci-pbs.com).

<sup>1</sup> **E-Mail:** By providing your e-mail address you agree to receive FSA correspondence via e-mail. E-mail regarding your FSA plan(s) will be sent from [help@cci-pbs.com](mailto:help@cci-pbs.com); please add this e-mail address to your e-mail address book to ensure receipt of all correspondence. You can change/delete your e-mail address by logging on to [www.mbicard.com](http://www.mbicard.com) or by contacting the PBS, Inc. Customer Service Department. PBS, Inc. reserves the right to utilize an e-mail address that may be provided to us by your employer. PBS, Inc. will not share e-mail information with ANY outside source.

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