REIMBURSEMENT REQUEST INSTRUCTIONS

Physicians Health Plan Service Company is pleased to be your Flexible Spending Account provider. To help you submit reimbursement requests, follow the instructions below.

Service

Submitting Reimbursement Request Forms: To receive your reimbursements quickly, your requests must be received by PHP Service Company, three business days before the weekly reimbursement-processing day. Reimbursements will be processed every day. On holidays, reimbursements will be processed on the next business day.

Reimbursement Request Forms will be available in Human Resource or on the Sparrow Intranet under Human Resources – Benefits – Flexcare Spending Account.

Quarterly Reports will be sent to you by PHP Service Company indicating your account deposits, requests, and disbursements.

Assistance: Whenever you have a question or need information concerning your FLEX account, call PHP Service Company at 517.364.8432 or 1.877.275.0076.

Health Care Accounts

Medical Reimbursement
If you and your spouse both have medical plans, have the two health plans pay the bills, then send the unpaid balance to PHP Service Company with a completed Reimbursement Request Form. Be sure all documentation submitted includes the date of service, service that was performed, patient, amount charged, and the amount covered by insurance.

Prescription Drug and Over-the-Counter Expenses
Attach the itemized pharmacy receipt to a completed Reimbursement Request Form and send it to PHP Service Company. The pharmacy receipt must include the patient’s name, date of service, type of prescription, and your co-pay. Over-the-counter expenses will only be covered with a physician prescription.

Dental, Vision and/or Hearing Expenses
Attach the provider’s itemized bill or Explanation of Benefits to a completed Reimbursement Request Form and send it to PHP Service Company.

Health Care Spending Debit Card
If you enroll in a healthcare spending account, you will be eligible to use a debit card for your flexcare purchases. Caregivers will receive the card and more information on how to use it once enrolled.

Dependent Care Accounts

Attach your proof of payment (receipt) to a completed Dependent Care Reimbursement Request Form and send it to PHP Service Company.

- Payments on account, cash register receipts (with the exception of prescribed OTC expenses), credit card receipts, and cancelled check copies are not sufficient documentation.
- You will have until March 15 each year to incur health care expenses toward your prior year election.
- Reimbursement for prior year health care and dependent care expenses must be received no later than April 30 each year.
- Estimated and/or anticipated insurance amounts are not considered proof of insurance payments; therefore, balances based on estimated or anticipated insurance are not eligible.
- In the event of termination, you will have 90 days following the end of the plan year to submit requests for expenses incurred while active in the plan.