

# REIMBURSEMENT REQUEST INSTRUCTIONS

WEYCO, INC. will process your reimbursement requests. Your requests must be received by WEYCO, INC. **three (3)** business days **prior** to reimbursement day.

**Please follow these instructions when requesting reimbursement:**

## **Health Care Account**

### **1. Medical, Dental and Vision Expenses**

Attach a copy of the Explanation of Benefits (EOB) from your insurance carrier or an itemized bill from the provider that includes the date of service, service that was performed, patient, amount charged and the amount the insurance covered to a completed Reimbursement Request Form and send it to WEYCO, INC.

### **2. Prescription Drug and Over the Counter Expenses**

Pay the bill. Attach the pharmacy receipt to a completed Reimbursement Request Form and send it to WEYCO, INC. The Pharmacy receipt must include the patient's name, date of service, type of prescription and your co-pay. Over the counter expenses may be substantiated with a cash register receipt including the date of service and the name of the product purchased. Unreasonable stockpiling will not be eligible.

### **3. Hearing Expenses**

Pay the bill. Attach the provider's itemized bill to a completed Reimbursement Request Form and send it to WEYCO, INC.

- ❖ **Payments on account, cash register receipts, credit card receipts and cancelled check copies alone are not sufficient documentation.**
- ❖ **Estimated and/or anticipated insurance amounts are not considered proof of insurance payments, therefore, balances based on estimated or anticipated insurance are not eligible.**

## **Dependent Care Account**

Attach your proof of payment (receipt, cancelled check, etc.) to a completed Reimbursement Request Form and send it to WEYCO, INC.

**Quarterly Reports** will be sent to you by WEYCO, INC. The reports will indicate your account deposits, requests, and withdrawals.

You will have 90 days following the end of the plan year to submit requests for reimbursements that have incurred during the plan year.

## **Service**

Whenever you have a question or need information concerning your **HCRA** or **DCRA**, call WEYCO, INC. at **(517) 349-7010** or **1 (800) 748-0003, Ext. 1578**