

EBMS cuts reimbursement checks every other day. In order to have flex claims reimbursed in a timely manner EBMS suggests the following:

Tips to avoid reimbursement delay

1. Please have original receipt for Prescription reimbursements. This must show the Rx number, the NDC number and the amount charged.
2. Signature is required on all reimbursements.
3. Itemized documentation or an Explanation of Benefits is needed and must state the original date of service, procedure, the provider and the amount charged.
4. Please refer to your plan document for the limitations of your flexible benefits.
5. All claims will be pended to your primary insurance before being reimbursed from the flex plan.
6. Dependent Care will only be reimbursed if the contributions are in your account.
7. Dates of Service must occur before Dependent Care reimbursement can be made.
8. If enrolled in auto flex, claims do not need to be submitted to flex. The claims will automatically be reimbursed after they are processed through primary insurance.
9. Over-the-counter medication must be specific to treat an injury or illness. **The receipt must include the date of purchase, the amount, and sufficient description of the product.** EBMS may request additional information for medical necessity.

Thank You.