



## Reimbursement Request Form Employee Instructions

**Please read these instructions before completing the Reimbursement Request form.**

<b>Step 1</b>	Complete all areas of Part 1: <i>Employee Information</i> .
<b>Step 2</b>	<p>Complete all areas of Part 2: <i>Dependent Care Expenses</i>, for daycare or eldercare services. If the provider signs the claim form <i>and</i> includes the Tax ID number, documentation is not needed. Otherwise, please provide documentation which clearly states each of the following items:</p> <ol style="list-style-type: none"> <li>1. Name of person receiving the care as well as their date of birth (dependent child must be under the age of 13 for the duration of the service).</li> <li>2. Dates of when care was provided.</li> <li>3. Name of person or organization providing the care.</li> <li>4. Reimbursement amount.</li> <li>5. The care provider's tax identification or social security number.</li> </ol> <p>Services that are primarily educational are <i>not eligible</i>.</p>
<b>Step 3</b>	Read Part 3: <i>Employee's Certification for Reimbursement</i> statement. Sign, and date the form where indicated.
<b>Step 4</b>	<p>There are five ways to submit your claim(s) to HealthSmart:</p> <p><b>Online:</b> <a href="http://healthsmartsaee.lh1ondemand.com">http://healthsmartsaee.lh1ondemand.com</a>, and login to the member's portal site. In order to submit your claim via HealthSmart's secure portal site, you will need your Member ID or Social Security number. If you do not have your User ID and password, contact Customer Service: 800.821.6028.</p> <p><b>Mobile application:</b> Download HealthSmart's mobile application for easy claims submission.</p> <p><b>Fax:</b> 866.471.6028.</p> <p><b>Email:</b> <a href="mailto:askflex@healthsmart.com">askflex@healthsmart.com</a></p> <p><b>US Mail:</b> 10303 E. Dry Creek Rd., Suite 200 Englewood, CO 80112</p>