FLEXIBLE SPENDING ACCOUNT TRANSPORTATION: REIMBURSEMENT REQUEST FORM

my SMARTCARE
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REIMBURSABLE EXPENSES INCLUDE:

Amounts paid for transportation primarily for, and essential to medical care, are reimbursable.

- Bus, taxi, train or plane fare, or ambulance service;
- Actual care expenses, such as gas and oil (but not expenses for general repair, maintenance, depreciation and insurance);
- Parking fees and tolls;
- Transportation expenses of a parent who must accompany a child who needs medical care;
- Transportation expenses of a nurse or other person who can give injections, medication or other treatment required by a patient who is traveling to get medical care and is unable to travel alone, and
- Transportation expenses for regular visits to see a mentally ill dependent if these visits are recommended as part of treatment.

Instead of actual expenses, it is acceptable to use a flat rate of $0.16 per mile for each mile a car is used for medical purposes. The cost of tolls and parking may be added to this amount.

REIMBURSABLE EXPENSES DO NOT INCLUDE:

- Transportation expenses to and from work, even if a medical condition requires an unusual means of transportation; or
- Transportation expenses incurred if, for non-medical reason, an employee chooses to travel to another city, such as a resort, for an operation or other medical care prescribed by a doctor.

TRAVEL EXPENSE REPORT

EMPLOYER:	GROUP NUMBER:
EMPLOYEE NAME:	
RECEIPTS ATTACHED	FLAT RATE
☐ Bus	Mileage: x $0.22 cents per mile = $
☐ Taxi	*Please note that the $0.22 per mile rate is effective as of January 1, 2023
☐ Tolls	
☐ Parking Fee	
☐ Other:	

Signature _____ Date _____

To verify that this expense was incurred for medical purposes, you must also enclose either an EOB or dated receipt from the medical provider. Submit (include copies of ALL receipts and documentation) to Benefit Coordinators Corporation (BCC):

For the fastest reimbursement and trackable progress, submit your claims through BCC's My SmartCare:

- Mobile App
  (download from your iOS or Android app store)
- Online Portal
  https://benefitcc.wealthcareportal.com/Page/Home

Additional Submission Methods:

- Mail: Benefit Coordinators Corporation, Attn: FSA
  Two Robinson Plaza, Ste. 200, Pittsburgh, PA 15205
- Fax: 412-276-7185
- E-Mail: fsa-claims@benxcel.com *(PDF Files only, 5MB or less)*
- Download: https://secure.benxcel.com

If your request is missing any vital information, you will receive an Explanation of Benefits (EOB) denying your request with an explanation of the additional information needed to complete the reimbursement. It's imperative that you sign the reimbursement form to avoid a denied request.

Managing your reimbursement account has never been easier! For instant access to your account, register with My SmartCare's online portal at https://benefitcc.wealthcareportal.com/Page/Home or download the free My SmartCare mobile app from your Apple or Android device.