

**THE UNIVERSITY OF TENNESSEE FLEXIBLE BENEFITS PLAN  
MEDICAL EXPENSE REIMBURSEMENT CLAIM FORM**

Employee Name (please print) \_\_\_\_\_

I.D No. or Personnel No. \_\_\_\_\_

Monthly  Biweekly

Office Telephone Number \_\_\_\_\_

Expenses for Calendar Year 20 \_\_\_\_\_

**Claim Information**

Dates of Incurred Expenses	Employee/Dependent Name	OTC* Y/N	Recommending* Physician	Provider Of Service	Amount
*Required for Over-the-counter (OTC) expenses.					<b>Total of Reimbursement</b>

I hereby certify that all expenses indicated above were incurred by me and/or my eligible dependents. I further certify that I have not previously received reimbursement for these expenses from any group insurance plan or The University of Tennessee Flexible Benefits Plan. I understand that I am solely responsible for the validity of claims submitted for reimbursement and that any expenses reimbursed through the Flexible Benefits Plan cannot be claimed on my personal Federal income tax return.

See reverse side for dependent eligibility and expenses eligible for reimbursement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED DOCUMENTATION FOR MEDICAL REIMBURSEMENT**

Each medical expense claimed on this form must be supported by an invoice or an insurance Explanation of Benefits (EOB) form. Each invoice should include:

Provider of Service / Provider Address/ Name of Patient  
Dates of Expense / Amount of Expense

Return to:  
The University of Tennessee  
Payroll Office  
P115 Andy Holt Tower  
Knoxville, TN 37996-0100  
865/974-5251

**DUE DATES**

Monthly: Claims must be received in the UWA Payroll Office by the 15<sup>th</sup> of the month (10<sup>th</sup> for December).  
Biweekly: Claims must be received in the UWA Payroll Office on Monday the week before payday.

**Flexible Benefits  
Medical Expenses  
Eligible for Reimbursement**

Accupuncture	Laboratory fees
Birth control pills	Lodging, essential to obtaining medical treatment at a medical facility
Braille books and magazines	Medical out-of-pocket expenses
Co-insurance amounts	Nursing home medical expenses
Contact lenses	Nursing services
***Cosmetic surgery	Orthodontic care
Deductibles and co-payments	****Over-the-counter (OTC) expenses
Dental out-of-pocket expenses	Oxygen
Doctor's fees	Physical examination, including check-ups
Equipment needed because of medical condition	Prescribed foods (requires written prescription from doctor)
Expenses for alcoholism and drug addiction treatment	Prescribed vitamins (requires written prescription from doctor)
Eye examinations	Special schools for the mentally and physically handicapped
Eye glasses	Therapy received as medical treatment
Guide dogs	Transplants, including donor expenses (except hair)
Health screening examinations	**Transportation to obtain medical care at a medical facility
Hearing aids, including batteries	Well-baby visits including donor expenses
Hospital services	X-ray fees
Immunizations	

\*Refer to IRS Publication 502 for a more comprehensive list of Medical Expenses.

\*\*Does not include mileage on private automobiles.

\*\*\*Only surgery necessary to repair disfigurement due to an accident is reimbursable.

\*\*\*\*Over the counter (OTC) drugs and supplies to alleviate or treat personal injury or illness as recommended by a physician. NOTE: Items that are merely beneficial to general health are not eligible.