



Jefferson Federation of Teachers
HEALTH AND WELFARE FUND

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GUIDELINES FOR FILING A "MEDICAL" CARE FSA CLAIM

- **Only one claim form is required for EACH claimant** who has incurred expenses. You may obtain claim forms from our website www.jfthw.org.
- **Medical Services:** The medical explanation of benefits from your healthcare provider is required. This form must indicate the name of the physician, dates of service, total amount of charges, insurance payment and patient responsibility. Legible copies are accepted.
- **Pharmacy receipts** must indicate the patient's name, date filled, name of medication and physician's name. Copies are accepted and must be legible and in date order by pharmacy. *A printout from your pharmacy is recommended as this is more convenient than keeping track of loose pharmacy stubs.*
- **Faxed medical claims** are not accepted as original signatures are required on all claim forms.
- **Over-the-counter medications:** A prescription from your physician is required and must indicate the actual name of the medication. The cash register receipt is acceptable and must be legible. Please do not highlight items requested as it causes the receipt to turn black.
- **Dental Claims:** You and any covered dependents must have all dental services processed through the Fund's dental plan before any FSA reimbursements can be made.
- **One-Time Dental Form:** This form allows us to automatically process any out-of-pocket dental claims directly from your FSA account. You may obtain this form from our website www.jfthw.org. It must be completed, signed and returned to the Fund office.
- **Vision Coverage:** You and any covered dependents are eligible for an eye exam, glasses or contact lenses every 12 months. When submitting a receipt for vision services for you or an eligible dependent and you were seen by a Davis Vision provider, an itemized bill is required, indicating all charges, dates of service, insurance payments or adjustments and patient responsibility.
- **Non-Participating Vision Providers:** All claims must be filed through Davis Vision. Once they respond, forward the bill from your vision provider along with a copy of what Davis Vision paid or denied.
- **NOTE:** If you or an eligible dependent had additional vision services and Davis Vision already processed a claim in the last 12 months, please indicate that information on your receipt.