

# FBC HSA : Initial Claim Form

This paper-based claim form is to be used by the primary plan member when setting up the FBC Health Spending Account program. Once operational, reimbursement claims are to be submitted using the online account system.

**Employee (Member) Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

## Claim Details:

1. Please complete the form below.
2. Attach all original, paid-in-full receipts. If receipts were submitted under another insurance plan and the unpaid portion is now being claimed, please attach the "Explanation of Benefits" statement from the other insurer.
3. Each receipt should indicate: patient name, service date, what was purchased, provider name and amount charged (including taxes).
4. For dental receipts, submit the original "Standard Dental Claim Form" issued by the dentist at the time of treatment. Orthodontic procedures should also include the "Treatment Plan."

	AMOUNT CLAIMED
<b>Total Amount of Receipts (Primary Member &amp; Dependents)</b>	
<b>Calculate the 10% Admin Fee</b>	
<b>GST/HST on just the Admin Fee (Based on your Province)</b>	
<b>GRAND TOTAL</b>	

### Example Calculation:

<b>Receipts:</b>	<b>\$1,000</b>
<b>Admin Fee:</b>	<b>\$100</b>
<b>GST (for Alberta):</b>	<b>\$5</b>
<b>Grand Total:</b>	<b>\$1,105</b>

To see full list of items covered, visit the FBC Benefits website:

[www.fcbbenefits.ca](http://www.fcbbenefits.ca)

Attach a company cheque for the **Grand Total**, payable to National HealthClaim Corp. Once processed, an invoice will be available online and a reimbursement cheque will be sent to the FBC Member using the address on the enrollment form.

I authorize the release of any information or records of this claim to the plan administrator and certify that the information provided is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail Cheque, Claim Form and Receipts to:

**National HealthClaim Corp. 335 - 58th Ave SE, Calgary, Alberta, T2H 0P3**