Department of Personnel Services

Employee Benefits Office
Dave Comerchero,
Employee Benefits Manager

County of Sacramento

ORTHODONTIA CONTRACT

A new contract is required at the beginning of each plan (calendar) year

EMPLOYEE NAME **PIN**

Patient Name	Patient DOB
Provider Name	
Provider Address	

Total Plan Year Cost $	Monthly Payment Amount $
Dates of service within plan year From: / /	To: / /

The above information is true and correct.

Orthodontist Signature **Date**

This contract, when signed, will cover your orthodontia payment receipts for the contract amount for the current plan year only, or until you are no longer incurring expenses, whichever comes first.

SELECT ONE OPTION FOR REIMBURSEMENT FROM THE LIST BELOW. I WOULD LIKE TO BE REIMBURSED:

☐ EACH REIMBURSEMENT DATE	☐ 2ND REIMBURSEMENT DATE	☐ LAST REIMBURSEMENT DATE
(Twice a month on payday Friday)	(Once a month on 2nd payday Friday)	(Once at the end of the year)

AUTHORIZATION

I understand that by endorsing any reimbursement check and/or accepting a deposit of a reimbursement into my bank account that I am confirming that the orthodontia expenses for which the amount is issued have been properly incurred according to the IRS regulations and the rules of the plan.

Employee Signature_____ **Date**_____

Fax to Flex-Plan Services at (866) 535-9227 or the Employee Benefits Office at (916) 874-4621

According to the IRS guidelines, orthodontia treatment may be reimbursed from a Medical Reimbursement Account in one of two ways, depending upon the type of financial agreement between the orthodontist and the responsible party.

FINANCIAL AGREEMENTS WITH THE PROVIDER:

FULL REIMBURSEMENT: In this case the orthodontist must specify that the full cost of the orthodontic services must be prepaid, or paid in full, at the beginning of the treatment. If the orthodontist does not provide other financial payment options, the full amount of the charge incurred (up to the participant's full annual election) can be reimbursed upon payment to the provider.

PERIODIC REIMBURSEMENT: In this case, the orthodontist may offer financial payment options. Regardless of the option chosen by the responsible party, reimbursement must be issued in accordance with the length of the orthodontic treatment. For example, if the patient has treatment for 24 months, and the total cost of the treatment is $2,400 (regardless of the payment option chosen), the maximum reimbursement amount per month is $100.

REIMBURSEMENT OPTIONS:

VOUCHER SUBMISSION REIMBURSEMENT: The participant can submit proof of expenses along with a Request for Reimbursement form to the plan administrator at any time. Reimbursement checks will be issued based upon the County's preset reimbursement schedule.

ORTHODONTIA CONTRACT REIMBURSEMENTS: The participant and their orthodontist may complete and submit an Orthodontia Contract to the plan administrator. Reimbursement checks will be issued based on the County's preset reimbursement schedule. The employee may select the frequency of payment based upon this preset schedule. The contract is submitted once each year, unless any of the information on the contract changes.