

Lifestyle Spending Account (LSA) Claim Reimbursements For Members



Instructions for Submitting LSA Claim Reimbursements

The completed form can be submitted in any of the following ways:

- Online:** If you are an MVP member, use Gia® at **my.mvphealthcare.com**, under *Payments and Claims*, then *Spending Accounts*. If you are not an MVP member, go to **mvphealthcare.wealthcareportal.com**.
- Mobile App:** **myHealthSpend** mobile app. Visit the App Store® or Google Play™ to download myHealthSpend on your mobile device. (MSG&DATA rates may apply.)
- Mail:** Flexible Benefits Department
MVP Health Care
PO BOX 2207
Schenectady, NY 12303
- Email:** **myspendingaccounts@mvphealthcare.com**
- Fax:** **315-234-6146**

Please keep a copy of this completed form for your tax records.

Section 1: Employee Information

Employee Name (last, first, middle initial)

Employee Social Security No. or MVP Subscriber ID No. (as appropriate)	Employer Group Name	Employer Group No.	
Street Address	City	State	Zip Code

Section 2: Reimbursements

Please list the expenses by date. If you have several statements from the same provider/merchant, you may add them together and list them on one line with a range of dates. Provide the reimbursement amount you are requesting for each expense after any applied discounts.

Date(s) of Service/ Purchase	Name	Relationship to Employee	Provider/Merchant Name	Expense Description	Amount Requested
Total Reimbursement Amount Requested					

*Arrange documentation (Section 3) in the same order as listed above.

Name	ID No.
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Section 3: Supply the Required Documentation

Please submit a detailed statement of service or item receipt for each expense listed above.

These statements/receipts must include the following information:

- The date or range of dates the service(s) was provided or the item(s) was purchased.
It must be clear what date(s) services were provided. Services must be provided before a claim reimbursement can be submitted.
- The name of the individual who received the service(s) or for whom the item(s) was purchased.
- The relationship to the employee of the individual who received the service(s) or for whom the item(s) was purchased.
- The name of the provider/merchant.
- A description of the expense.
- The cost of the service, not just the amount paid.

Credit card receipts or statements with a previous balance are not sufficient documentation. Claims submitted without the above documentation cannot be processed and will be rejected.

Section 4: Authorization

As a participant of the Plan, I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while I was covered under my employer's LSA and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

By including my signature below, I attest that the information provided in this Request is true to the best of my knowledge.

Employee Signature

Signature Date

Total number of pages submitted

Access Your Lifestyle Spending Account (LSA) Online

A complete history, including available funds, can be accessed in Gia® at **my.mvphealthcare.com** if you are an MVP member or at **mvphealthcare.wealthcareportal.com** if you are not an MVP member. MVP members and non-members with a LSA can access account information in the myHealthSpend mobile app.

Questions? We're here to help!

Call **1-888-222-9931** for assistance or email **mypendingaccounts@mvphealthcare.com**.