HCSP Health Care Savings Plan

YOUR *Guide* to HCSP Documentation for One-time Reimbursement Request

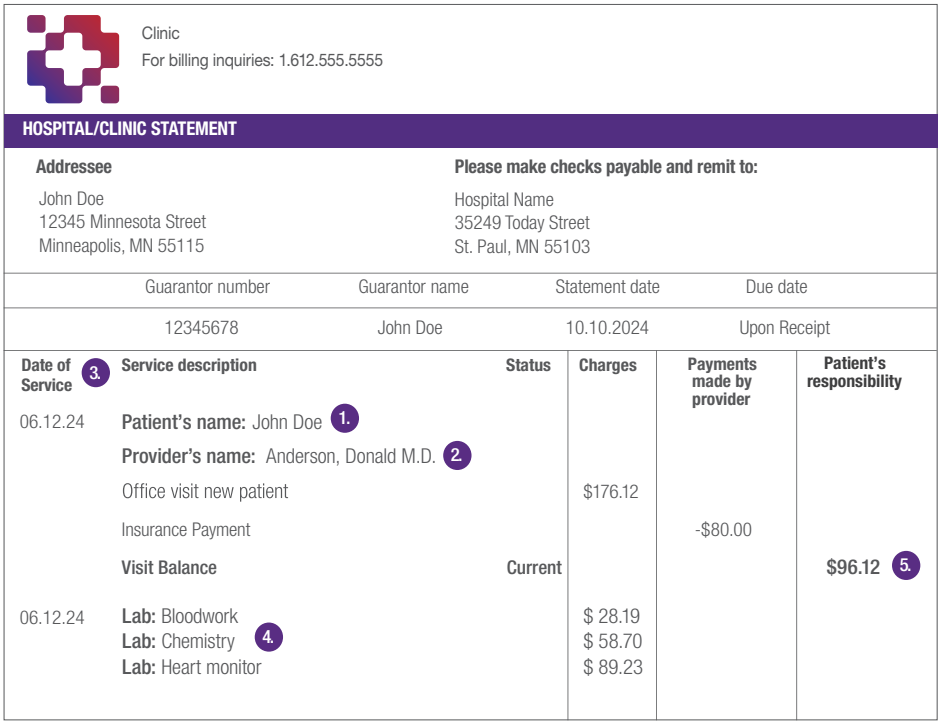
Submitting reimbursement requests with correct and complete documentation improves the review process and reimbursement timing of your request while reducing potential follow-up that may delay your reimbursement.

One-time expenses may be submitted using either the *Account Online* process or by paper form. When submitting these requests, please provide a clear image that captures all of the elements below. If the documentation is illegible, your reimbursement will be denied.

If you are submitting original documents with your request, please retain a photocopy for your records. Original documents are not returned.

Acceptable documentation for ***one-time expenses*** requires the following items:

1. **Patient's name**
   Patient's name for whom the service was provided.
2. **Provider's name**
   Medical provider who provided health care services.
3. **Date of service**
   Date of specific healthcare service or procedure was provided to the patient.
4. **Description of treatment**
   Services performed for your care.
5. **Out-of-pocket expense**
   Amount you owe after adjustments and insurance have been paid.



Clinic
For billing inquiries: 1.612.555.5555

HOSPITAL/CLINIC STATEMENT

Addressee
John Doe
12345 Minnesota Street
Minneapolis, MN 55115

Please make checks payable and remit to:
Hospital Name
35249 Today Street
St. Paul, MN 55103

Guarantor number	Guarantor name	Statement date	Due date
12345678	John Doe	10.10.2024	Upon Receipt

Date of Service (3.)	Service description	Status	Charges	Payments made by provider	Patient's responsibility
06.12.24	**Patient's name:** John Doe (1.)				
	Provider's name: Anderson, Donald M.D. (2.)				
	Office visit new patient		$176.12		
	Insurance Payment			-$80.00	
	Visit Balance	**Current**			**$96.12** (5.)
06.12.24	**Lab:** Bloodwork		$ 28.19		
	Lab: Chemistry (4.)		$ 58.70		
	Lab: Heart monitor		$ 89.23		

Examples of ***unacceptable*** documentation

The listed items below include the most common types of incomplete documentation. These documents are missing required elements that allow us to reimburse your request.

- Credit card receipts and/or statements
- Cancelled checks
- Balance forward or previous balance statements
- Balance due or payment statements
- Estimated payment statements
- Bank statements showing payment
- Handwritten receipts, invoices, or agreements
- Order confirmation receipts - these do not usually include payment details or specify that a payment has been made

Contact Us.

Phone: 1.800.657.5757 or 651.296.2761
Web: www.msrs.state.mn.us
Email: info@msrs.us
Address: 60 Empire Drive, Suite 300
St. Paul, MN 55103

HCSP Health Care Savings Plan

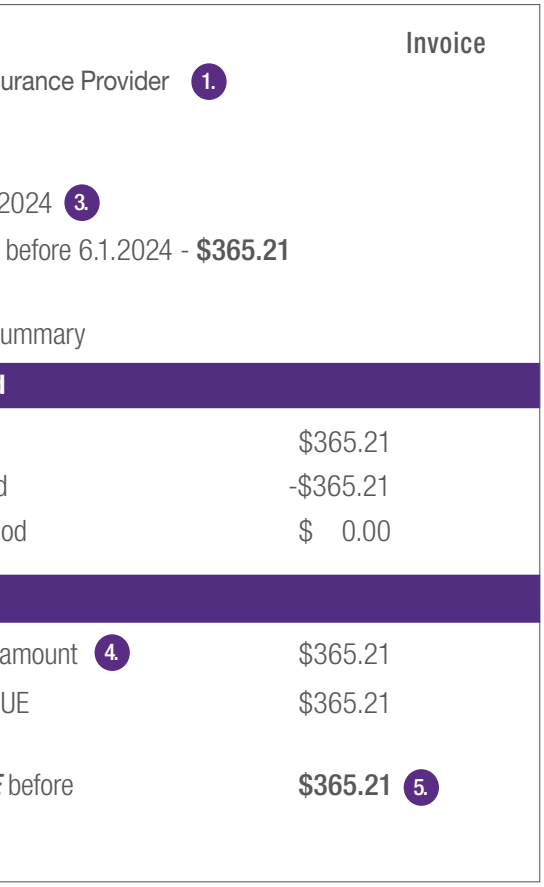
YOUR *Guide* to HCSP Documentation for Ongoing Reimbursement

Submitting reimbursement requests with correct and complete documentation improves the review process and reimbursement timing of your request while reducing potential follow-up that may delay your reimbursement.

If you are submitting original documents with your request, please retain a photocopy for your records. Original documents are not returned.

Acceptable documentation for ***insurance premium reimbursements*** requires the following items:

1. **Insurance provider**
   Name of the insurance provider.
2. **Covered participant**
   Name of individual covered by the insurance.
3. **Coverage dates**
   Dates the individual was covered by the insurance.
4. **Type of insurance**
   Insurance type (medical, dental, vision, long-term care) and coverage (self, spouse, family).
5. **Premium amount**
   Itemized by type of insurance. Include cost for each individual type.



Invoice

Insurance Provider 1.

John Doe 2.

6.1.2024 to 6.30.2024 3.

Total amount DUE before 6.1.2024 - **$365.21**

Account Activity Summary

Previous Period	
Previous balance	$365.21
Payments received	-$365.21
Total previous period	$ 0.00
Current Period	
Medical premium amount 4.	$365.21
Current Amount DUE	$365.21
Total amount ***DUE*** before 6.1.2024	**$365.21** 5.

Documentation ***that may*** include this information:

- A welcome letter from your insurance provider
- An invoice for the coverage dates for which you are requesting reimbursement.
- Medicare insurance card or Medicare annual premium letter
- Social Security Benefit Verification Letter

Reimbursement of insurance premiums and setting up ***future automatic payments***

Reimbursement of health, dental, long-term care, and vision insurance premiums can be set up as recurring reimbursements. If you select this option on your *Reimbursement Request* form, future monthly reimbursements will process automatically.

Examples of ***unacceptable*** documentation

The listed items below include the most common types of incomplete documentation. These documents are missing required elements that allow us to reimburse your request.

- Credit card receipts and/or statements
- Cancelled checks
- Balance forward or previous balance statements
- Balance due or payment statements
- Estimated payment statements
- Bank statements showing payment
- Handwritten receipts, invoices, or agreements
- Insurance enrollment forms

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