



Brace yourself for money back

Submit your claim

When it's time to get reimbursed for your eligible orthodontic expenses, we're here to help. If you have any questions about submitting claims, give us a call at **866-443-9352**.

Initial fee reimbursement

You have a few options to get reimbursed for your initial fee. The fastest way is to submit your information online at healthpartners.com or through the HealthPartners mobile app. You also have the option to mail or fax the information. To start, we'll need a few items, including:

1. Health care expense claim form
2. A copy of your payment schedule (see sample below)
3. Proof of payment (this can be a payment receipt, a payment coupon or a statement from your provider showing the date and amount of your payment)

Dr. Health, D.D.S., M.S.

Payment Schedule for Jane Doe

Treatment Fee: 5,000.00
Starting Balance: 5,000.00

| Payment type | Due date | Amount | Amount paid | Date paid | Balance |
|-----------------|----------|------------|-------------|-----------|-------------------|
| Initial fee | 1/3/24 | \$1,400.00 | \$1,400.00 | 1/3/24 | \$3,600.00 |
| Installment Due | 2/1/24 | \$200.00 | \$200.00 | 2/1/24 | \$3,400.00 |
| Installment Due | 3/1/24 | \$200.00 | \$200.00 | 3/1/24 | \$3,200.00 |
| Installment Due | 4/1/24 | \$200.00 | \$200.00 | 4/1/24 | \$3,000.00 |
| Installment Due | 5/1/24 | \$200.00 | | | |
| Installment Due | 6/1/24 | \$200.00 | | | |

Setup ongoing reimbursements

You have a few options to automate ongoing reimbursements for expenses. The first option is to log in to your account at healthpartners.com, where you can manage your spending accounts and submit a new claim. The other option is to use the HealthPartners mobile app. In both cases, go to My Plan to get started. Reimbursements can also be requested these two ways:

1. Submit documentation every month to get reimbursed, or
2. Submit documentation once each plan year to automatically get reimbursed each month

A quick note about monthly and yearly reimbursements

If you've already submitted a copy of your payment schedule with your request for reimbursement, you don't need to submit that again – we'll have it on file.

Monthly reimbursements

To request reimbursement on a monthly basis, send us the following items each month:

- Health care expense claim form, and
- Proof of payment*

Yearly reimbursements

To request monthly reimbursement by submitting one request for the entire plan year, send us the following and we'll create a recurring claim:

- Health care expense claim form that includes
 - » The first month of expense requested
 - » The last month of expense requested
 - » The monthly requested amount
- Please be sure to check the "recurring claim" box within the health care expense claim form.

We'll automatically process recurring claims the first of each month for the prior month's expense. Keep in mind, if the expenses continue past the end of the plan year, you'll need to submit a new recurring claim request.

Health care expense form

Use one line for each expense. Do not combine two or more expenses on one line. Use additional forms if necessary.

| Date(s) service was incurred | | Name of person receiving service | Name of provider of service | Description of service / supply | Amount requested for reimbursement |
|-------------------------------|------------|----------------------------------|-----------------------------|---------------------------------|------------------------------------|
| From | Through | | | | |
| 1/1/2024 | 12/31/2024 | Jane Doe | Dr. Health, D.D.S., M.S. | Ortho | \$200/month |
| Set up a recurring claim | | | | | \$ |
| Total Reimbursement Requested | | | | | \$200 |

Contact us

Call Member Services at **866-443-9352** if you have any questions.

