

Guide to submitting FSA claims on Forma



What details do I need when submitting a pre-tax claim?

When submitting a pre-tax claim, be sure to include the following information to help us process your request quickly:

- **Amount** – The amount you're claiming
- **Merchant or Provider** – Where you made your purchase
- **Category** – The category that best describes the expense
- **Service Recipient/Claimant** – The name of the person who received the product or service (you or a dependent)
- **Service Start Date** – Purchase date of the product or start date of the service
- **Service End Date** – End date of the service (required for Dependent Care FSA claims)
- **Description** – A short description of the purchase
- **Upload Receipts** – Attach a receipt or supporting documentation that shows proof of purchase

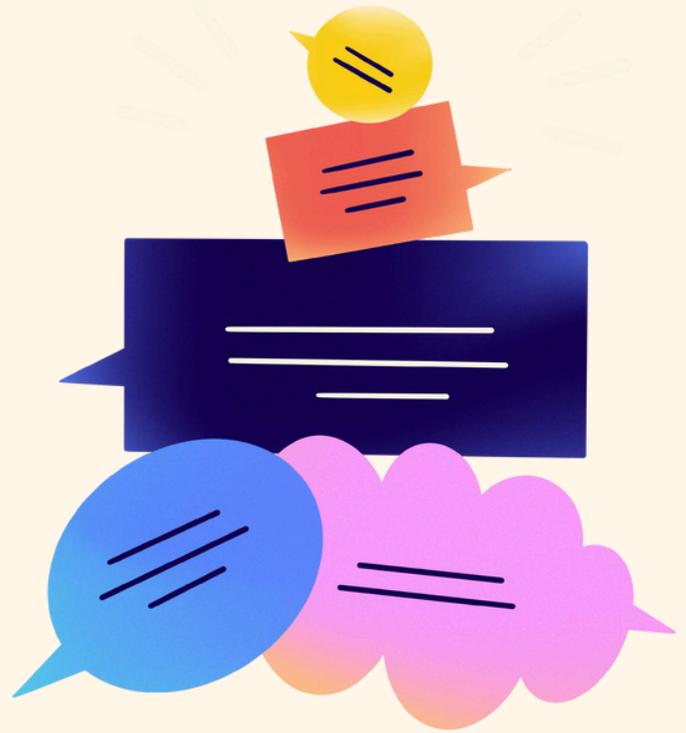
What information do I need to include on the receipt?

When submitting a claim, you'll need to **upload a receipt or proof of purchase** to show that your expense is eligible for reimbursement. This helps us process your claim quickly and make sure everything is good to go! Your receipt should include a few key details: your name (or your dependent's name if you're submitting on their behalf), the merchant or provider's name, the item or service purchased, the service date, and the amount paid.

If you're submitting a claim for an **FSA** or **LPFSA**, some items might also need a **Letter of Medical Necessity (LMN)** from your doctor or a **prescription (Rx)** to confirm they're eligible.

What if I don't have all the necessary receipt info?

If you pay out of pocket and don't have an itemized receipt, you can [complete a reimbursement form](#) and submit it along with your claim.



Considerations when submitting a claim for a dependent

Before submitting a claim for a dependent, double-check that you've added them to your Forma account. You can find steps on how to do that in our guide: [How do I add, edit, or remove dependents?](#)

Providing all the right information upfront helps us process your claim faster, so you can get reimbursed without any delays!

Common reasons why pre-tax claims are rejected

- Claim submitted after coverage has ended
- Receipt falls outside of pre-tax coverage dates
- Receipt missing required information
- Missing Letter of Medical Necessity (LMN) or Prescription (Rx), if applicable
- Dependent not added to your Forma account
- Expense is not eligible under the plan
- Dependent Care FSA (DCFSA) expenses not fully rendered
- Multiple service dates included in one claim
- Multiple items or services from different categories submitted in one claim

What is a letter of medical necessity (LMN)?

A **Letter of Medical Necessity (LMN)** is a note from your doctor or licensed healthcare provider that confirms certain products or services are needed to treat a medical condition. As outlined in IRS Publication 502, some expenses — like **earplugs, supplements, vitamins**, and other health-related items — require this letter to show they're being used for medical treatment, not just general health or personal use.

If you're planning to submit a claim for one of these items, an LMN helps prove the purchase is medically necessary. Without it, the expense may not qualify for reimbursement under your health benefit plan. This letter makes sure your expenses follow IRS rules, helping you get the most out of your benefits.

What is an explanation of benefits (EOB) and how is it different from an LMN?

To get reimbursed for Health FSA claims, you'll need to provide proof that the expense qualifies as a medical expense under the plan and IRS rules. This usually means submitting documentation from a third party (like your doctor or insurance) that shows:

- The name of the expense
- The date of service
- The amount charged
- The name of the person who received the service

Common examples of acceptable documents include an Explanation of Benefits (EOB) from your insurance provider or an itemized bill from your healthcare provider.

For certain "dual-purpose" expenses—like supplements, gym memberships, or cosmetic procedures—you'll need a bit more information. Since these can be used for both personal and medical reasons, you'll be asked to submit the usual documentation plus a Letter of Medical Necessity (LMN) from your healthcare provider. The LMN confirms that the expense is medically necessary to treat a specific condition. Keep in mind: even if your card transaction goes through automatically, dual-purpose expenses may still require extra documentation after the fact.

What items require an LMN for reimbursement?

Here are key categories that typically require a Letter of Medical Necessity (LMN), along with some examples. This is not an exhaustive list.

- **Supplements & Vitamins** (including magnesium, calcium, fiber, post-natal vitamins, probiotics, and electrolytes)
- **Ear Plugs**
- **Massage Therapy & Equipment** (massage guns, massagers, neck massagers)
- **Fitness-Related Expenses** (fitness trackers, fitness programs, fitness equipment/memberships, personal trainers)
- **Dental Procedures** (veneers, crowns, dental bleaching)
- **Medical Storage** (embryo storage, egg/sperm storage)
- **Orthopedic & Support Items** (orthopedic shoes, pillows)
- **Alternative Therapies** (occupational therapy, naturopathic healer)
- **Miscellaneous Items** (air purifiers, body scale, collagen, aloe vera gel, Epsom salts, stretching equipment)
- **Botox** (for non-cosmetic procedures)

How do I provide an LMN to Forma to make sure my claim is approved?

- If an LMN is required, request a note from your medical practitioner that recommends the dual-purpose item/service to treat a specific medical condition with which you have been diagnosed. The practitioner can use their own form or can complete [Forma's LMN Template](#).
- Upload the completed letter as an attachment when submitting your claim.

