

Please attach the required documentation to your claim form and send to:

Stanley Benefits, Inc.
P. O. Box 8249
Greensboro, NC 27419

Fax Number 1-877-432-9247 Number of pages _____

OPTIONS FOR OBTAINING ACCOUNT INFORMATION:

Website: www.stanleybenefits.com

Phone: 1-877-SBS-FLEX (1-877-727-3539); Email: flex@stanleybenefits.com

Guidelines for Submitting Orthodontia

For orthodontia reimbursement, send a copy of your orthodontia agreement (orthodontic contract) along with your completed claim form when treatment begins. The orthodontic agreement must state:

1. the beginning date of service
2. the approximate length of service
3. total cost of service
4. record fee
5. initial fee (down payment)
6. Subsequent monthly fees
7. total insurance coverage (if applicable)

The entire fee for orthodontic records is eligible for reimbursement on the date the x-rays, photos, and casts are taken. Proper documentation is a statement of services rendered from orthodontist.

If payment will be made in installments, the initial fee (down payment) is eligible for reimbursement on the date of the first treatment. Again, proper documentation is a statement of services rendered from the orthodontist.

Subsequent monthly fees are eligible for reimbursement as monthly orthodontic adjustments occur. Proper documentation is a statement of services rendered, a receipt from orthodontist showing date of payment (“orthodontic” clearly noted on receipt), or a copy of payment stub from orthodontic payment booklet.

Per IRS guidelines, cancelled checks, check copies, or bank statements are not sufficient documentation for claim reimbursement.