WA State SEBB Orthodontia Contract

Plan Year JANUARY 1, 2023 through DECEMBER 31, 2023

This contract streamlines the reimbursement of eligible orthodontic expenses for Medical Flexible Spending Arrangement (FSA) participants and Limited Purpose FSA participants. All orthodontic payments must be made during the 2023 calendar year.

After you submit this form to Navia Benefit Solutions, your orthodontic claims will be processed around the first of each month in the amount indicated below. **You are responsible for keeping receipts and documentation of all orthodontic expenses incurred during the 2023 plan year.** Navia Benefit Solutions may request copies of your documentation at any time to perform audits, as required by the Internal Revenue Service (IRS).

Instructions:
Section I: Employee information (Complete all information)
Section II: Provider information

- Write the dates of service in 2023 that you will have orthodontic expenses. If orthodontic expenses cover the entire year, enter the calendar year start and end dates.
- Write the amount of your monthly orthodontia payments.
- Collect a signature and date from your provider's office to validate your treatment plan, or submit documentation from the orthodontist showing the schedule of monthly payments with this form.

Employee Authorization: Sign and date at the bottom of this form.

Section I: Employee Information		
Employee Name:		
SSN:		
School District, ESD, or Charter School Name:		
Patient Name:		
Section II: Provider Information		
Provider Name:		
Provider Address:		
Service Start Date (month/date/year):	Service End Date (month/date/year):	Monthly Amount: $
The above treatment service dates and payment schedule are true and correct. Provider Signature:		Date:

Employee Authorization: I understand by accepting any reimbursement from Navia Benefit Solutions, I am confirming that the orthodontia expenses for which the amount is issued have been properly incurred according to the IRS regulations and the rules of the Medical FSA or Limited Purpose FSA.

Employee Signature: _____ Date: _____

Email: claims@naviabenefits.com
Fax: (425) 451-7002 or toll-free (866) 535-9227
Customer Service Line: (425) 452-3500 or (800) 669-3539