



FSA, Dependent Care & HRA Reimbursement Guide

This guide explains how Stellar Solutions employees can request reimbursement for eligible expenses through The Advantage Group (TAG).

How to Request Reimbursement

1. Log in to www.enrollwithtag.com
Employer ID: **TAGSTELLARSO**
Employee ID: Your Social Security Number (numbers only, no dashes)
2. Gather documentation showing the provider's name, date of service, description of service, and amount requested.
3. Complete the correct reimbursement form:
 - Health FSA / HRA: TAG Reimbursement Request Form
 - Dependent Care FSA (DCAP): DCAP Continual Reimbursement Form
4. (Recommended) Set up direct deposit using the Direct Deposit Authorization Form.
5. Submit your completed form(s), receipts, and any required documentation through your TAG account.
6. Track your claim status and receive reimbursement via direct deposit or check.

Items Requiring a Letter of Medical Necessity (LMN)

Some expenses are only eligible for reimbursement when they are medically necessary. These items require a Letter of Medical Necessity (LMN) from a licensed medical provider to be submitted with your reimbursement request.

AVOID CLAIM DELAYS

- Submit an LMN with your **FIRST** claim for the expense each plan year.
- Ensure the LMN clearly states that the item or service is medically necessary.
- In most cases, an LMN applies to one plan year only. Employees typically need a new LMN each plan year unless the healthcare provider indicates that the condition and treatment extend beyond that year.
- Claims submitted without a required LMN will be pended or denied.

What the LMN must include:

- Patient name
- Medical condition being treated
- Description of the item or service
- Statement confirming medical necessity
- Length of time the LMN is valid (if ongoing)
- Provider signature and date

Common examples of expenses that may require an LMN include:

- Massage therapy
- Chiropractic care beyond routine treatment
- Orthopedic shoes or inserts
- Weight-loss programs for a diagnosed medical condition
- Special equipment or supplies to treat an illness or injury

Sample LMN Language to Share with Your Provider

Patient Name: _____

Medical Condition: _____

I am treating the above patient for the medical condition listed. The recommended item or service is medically necessary to treat or manage this condition and is not for general wellness or cosmetic purposes. This recommendation is valid for the _____ plan year.

Provider Name & Signature: _____ Date: _____