



# FSA REIMBURSEMENT GUIDE

|  
*Free Guide*

THE WYRICK OUTLOOK, INC



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# ITEMS TO GIVE YOUR PATIENTS SO THEY GET REIMBURSED FROM THEIR FSA

## **PART ONE:**

**LETTER INCLUDING KEY INFO THEY NEED INCLUDING:**

- DOCTOR NAME
- DOCTOR LICENSE NUMBER
- PATIENT NAME
- TREATMENT TYPE (IE: LIMITED, COMPREHENSIVE, INTERCEPTIVE)
- DENTAL BILLING CODE (IE: D8020/D8080, ETC)
- DATE STARTED
- ESTIMATED TREATMENT TIME

## **PART TWO:**

**INCLUDE A COPY OF THE FIRST PAGE OF THE PATIENT'S  
CONTRACT**

## **PART THREE:**

**INCLUDE A COPY OF A STATEMENT THAT SHOWS ALL CHARGES  
AND PAYMENTS MADE ON THE ACCOUNT**

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# THE WYRICK OUTLOOK

## • FSA Reimbursement Template •

**DOCTOR NAME**  
**ADDRESS**  
**TAX ID**  
**NPI**  
**LICENSE**

**PATIENT NAME:**  
**RESPONSIBLE PARTY:**  
**TYPE OF ORTHODONTIC TREATMENT:**  
**DENTAL BILLING CODE:**  
**TREATMENT STATE DATE:**  
**ESTIMATED TREATMENT TIME:**

To Whom it May Concern:

This letter is to inform you that John Smith has begun orthodontic treatment with our office effective 01/01/2023. John Smith will be seen in our office for regular appointments during his/her estimated treatment time of 24months.

Enclosed you will find a copy of the first page of John's contract that outlines the total treatment cost, as well as, his/her monthly scheduled payments to our office. We have also included a copy of the most recent statement that outlines all charges and payments made to date.

Should you have any questions regarding this matter, please feel free to reach me at 555-555-5555 or via email at [info@ABCorthodontics.com](mailto:info@ABCorthodontics.com).

Thank you,

Financial Coordinator

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