

Claim & Receipt Submission Information

Flexible Spending Account (FSA) Claim and Receipt Submission

There are two reimbursement options.

1. Pay with your FSA debit card **AND** submit an **itemized receipt** or Explanation of Benefits (EOB) as substantiation.
2. Pay out-of-pocket and submit for reimbursement using the [Universal Claim Form](#) **AND** provide an **itemized receipt OR receipt form**. The claim can be submitted via mail, fax, email, mobile app, or online via the participant portal.

What does an itemized Receipt need?

1. The Date of Service / Date of Purchase
2. Description of Service Provided / Product Purchased
3. Provider/Merchant
4. Claim Amount

Helpful Links

[FSA Claim & Receipt Education](#)
[IRS Receipt Submission Policy](#)

Credit Card Receipts are not accepted as they do not show the service/product paid for or the date of service.

Orthodontic Claim and Receipt Submission Requirements

What does my Orthodontic Contract need?

Provider name, type of service, length of treatment, monthly installment amount, start date of installments, down payment amount if any.

There are two reimbursement options.

1. Pay with your FSA Debit Card
2. Pay out-of-pocket and submit for reimbursement.

If you paid with your FSA Debit Card, you will need:

1. For One-time lump sum: Submit the itemized receipt and the ortho contract (one time)
2. For Pay as you go: Submit the itemized receipt each time you pay and the ortho contract (one time)
3. For Monthly Installment payment: Submit Ortho contract (one time) **Please note: The debit card amount needs to match the amount on the contract for us to only need it one time.*

If you paid Out-of-Pocket and want to be reimbursed, you will need:

1. Submit with Receipt: Receipts need date of service (not payment date), service provided (i.e. Ortho treatment) and dollar amount.
2. Submit with Contract: Need receipt showing date of payment that matches the contract payments.
3. Pay yourself for upfront payments: We need a Universal Claim Form filled out and signed, a copy of payment information, the Ortho contract (one time), a letter indicating the amount that you were already reimbursed from a previous plan year. (The services have to still be ongoing to be eligible in the new plan year.)

Helpful Link

[FSA Orthodontia Claim Education](#)

Credit card receipts are not accepted as they do not show the service or date of service.

Dependent Care Account (DCA) Claim and Receipt Submission

There are two reimbursement options.

1. Pay with your FSA debit card **AND** submit an **itemized receipt** for substantiation.
2. Pay out-of-pocket and submit for reimbursement using the [Universal Claim Form](#).
 - Provide an itemized receipt with the claim form **OR**
 - Provide the claim form with the signature and tax ID # of the provider and you do not need to provide an itemized receipt.

The claim can be submitted via mail, fax, email, mobile app or online via the participant portal.

What does an itemized Receipt need?

1. Service date (start **and** end date)
2. Description of Service Provided - For ex. daycare, summer camp, after school care, adult daycare. If It says tuition; it must state what the tuition is for.
3. Name of the Provider that is providing the service.
4. Claim Amount
5. Tax ID# (Or Social Security Number, if the provider does not have a Tax ID#.)

SUBMIT ONE DCA CLAIM FORM FOR THE ENTIRE YEAR!

At the beginning of each plan year, you can submit ONE claim for the entire year.

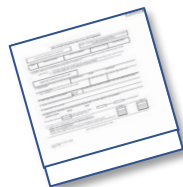
Simply complete the Universal Claim Form with start and end dates, all other claim information and use your full election dollar amount as the amount of the claim. Have the provider sign the section of claim form confirming dates of service and amount being claimed.

We will pay you each pay period until the funds run out or the claim is paid in full.

Helpful Link

[DCA Claim & Receipt Education](#)
[IRS Receipt Submission Policy](#)

Credit Card Receipts are not accepted as they do not show the service or date of service.



[Click to Download the Universal Claim Form](#)