




# Flexible Spending Account (FSA & DCAP) Claim Form & Filing Instructions

## **When Completing a FSA or DCAP Claim please:**

- Ø Complete FSA or Dependent Care (DCAP) Section of Claim Form
- Ø A Signature is Required to process claims
- Ø Attach copies of your Receipts, Invoices, Medical EOB's or Rx Stubs  
(If you provide a statement-it must have Dates of Service in order to be accepted)
- Ø The Supporting FSA/DCAP Documents must contain the following information:
  - § **Patient/Individual Name who Received Services**
  - § **Date Expense or Services were rendered/incurred**
  - § **Type of Service - or - Name of Product**  
(if Product Name is not on Receipt, a copy of Product Label can be included w/Claim Form)
  - § **Amount of Charge(s)**
  - § **Provider Name (Tax ID # required for DCAP claims)**

**NOTE:** *A copy of a cancelled check, credit card receipt, and statements do not meet the requirements for acceptable supporting documentation.*

- Ø If you need a list of FSA Eligible Expenses or have any questions, please contact your TPA Administrator at C.H. Reams at **(814) 453-4357** or **(800) 673-2518**
- Ø The MySourceCard  automated number for checking balances is **(888) 523-4308**

### **Fax or Email Claim Forms To:**

**Fax Number: (814) 459-8600**

**-OR-**

***FSAClaims@CHReams.com***

### **Mail Claim Forms To:**

**C. H. Reams & Associates, Inc.  
401 Cranberry Street, Suite 100  
Erie, PA 16507**

**Supporting Documentation will not be Returned  
Please retain copies of all documents for your records**

Revised 11/13/18