

Our service is your benefit!

Company Name:

FLEXIBLE SPENDING ACCOUNT (FSA) REIMBURSEMENT CLAIM FORM

FAX # (814) 459-8600 or Email: FSAClaims @CHReams.com Office # (814)453-4357 or (800)673-2518

Phone #

Reimbursement and Claim Filing Instructions are on Back of Form

Em	ployee	Name:										
Emp	loyee A	Address:										
P	lease (Check if Nev	w Addres	s	2	24-Hour	FS.	A Balanc	e/Transac	ction Inquiry:	888	-523-4308
All Info	mation I	Must Be Comple	<u>eted</u>	F	SA MEDIC	CAL EX	PENSE	CLAIN	15			
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DEPENDENT CARE CLAIMS DCAP (Day Care Expenses)												
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EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT												
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Flexible Spending Account (FSA & DCAP) Claim Form & Filing Instructions

When Completing a FSA or DCAP Claim please:

- ➤ Complete FSA or Dependent Care (DCAP) Section of Claim Form
- ➤ A Signature is Required to process claims
- 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)
- ➤ 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)

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

- ➤ 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
- 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