




# 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)**

**NOTE:** *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**

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

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