


Flexible Spending Account Claim Form & Filing Instructions

When Completing an FSA Claim please:

- Complete FSA Section of Claim Form
- A Signature is Required to process your claim
- Attach copies of 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 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
 - Provider Name

NOTE: *A copy of a cancelled check, credit card receipt, or statement does not meet the requirements for supporting claim documentation.*

- If you need a list of FSA Eligible Expenses (**including over the counter items**) or have any questions, please contact your TPA Administrator at C. H. Reams (814) 453-4357 or (800) 673-2518
- The SummitCard  automated number for checking balances is (855) 226-5045

Fax or Email Claim Forms To:

Fax Number: (814) 459-8600

-OR-

FSA.Claims@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 07-14-23