



## DEPENDENT CARE ACCOUNT (DCA) CLAIM AND RECEIPT SUBMISSION

To complete a Dependent Care Account reimbursement request (a claim), you have the following options:

### There are two reimbursement options.

1. Pay with your DCA debit card and submit an itemized receipt for substantiation.
2. Pay out of pocket and submit for reimbursement using the claim form with the provider's signature. The claim can be submitted via mail, fax, email, mobile app, or online via the participant portal.

### Completing a Universal Claim Form:

- Submit a claim form using code "D" for DCA claim.
- When the claim form is signed by your provider, it serves as substantiation.
- The claim form must be completed entirely, and must have the following information to be accepted for processing:
  1. Service Date (start date & end date)
  2. Description of Service (ex: daycare, summer camp, after school care, adult daycare)
  3. Provider (the name of the merchant or provider who performed the service)
  4. Claim Amount (the total amount for the service)
  5. Tax ID # (or Social Security Number, if the provider does not have a Tax ID)
  6. Signature of Provider

D	1 8/10/2016	8/10/2017	3 Sally Fields
	Start Date of Service	End Date of Service	Provider
2 Day Care	4 \$400.00		6
Description of Service	Claim Amount		
Tracy Smith	5 04*0044554	Daycare Provider Signature (Dependent Care FSA only)	
Person Receiving Service (Required for HRA)	Tax ID (Dependent Care FSA only)		

**Note:** Please sign the bottom of the claim form authorizing HRCTS to process the claim.

### SUBMIT ONE CLAIM FORM FOR THE ENTIRE YEAR!

YES! You can submit one claim form for the entire elected amount at the start of the plan year.

Complete the claim form with the start and end date of the service. Then in the claim amount box, submit for the full elected amount.

Once received, HRCTS will review to ensure the form is complete with all required information. Once approved, you will then receive payment directly to you via check or direct deposit in the exact amount withheld from payroll.



### Submitting an Itemized Receipt:

If you are submitting a claim form with an itemized receipt (Option 2), please ensure the receipt has the required information below.

### Example of Acceptable Substantiation:

Required Information	
1. Date of Service	
2. Description of Service	
3. Provider's Name	
4. Claim Amount	
5. Tax ID #	
6. Person receiving the service	

  

<b>3</b> →	<b>Happy Kids Day Care</b> 125 Main Street Smallville, CA 12345 (999) 555-1313	<b>5</b> ↓
		TAX ID 04-0000445
<b>6</b> →	<b>Billing For:</b> Sara Sample 1414 Elm Street Smallville, CA 12345 Child Name: Jeffrey Sample	
	<b>Dates</b>	<b>Service Type</b>
<b>1</b> →	January 4- 8, 2001	Daily Child Care, toddler group
		<b>Amount</b>
		\$ 375.00 <b>4</b>
	<b>2</b>	

**Note:** No additional documentation is required if all 5 items are included on the receipt/documentation from the provider.

### Example of an Unacceptable Substantiation:

Required Information	
1. Date of Service <b>MISSING</b>	
2. Description of Service <b>MISSING</b>	
3. Providers Name	
4. Claim Amount	
5. Tax ID # <b>MISSING</b>	
6. Person receiving the service <b>MISSING</b>	

  

Receipt Missing Information	
<b>3</b>	<b>Happy Kids Day Care</b> 125 Main Street Smallville, CA 12345 (999) 555-1313
	DATE: 01-08-2001 TIME: 05:43PM
	ITEM: 0041 VIS SALE ACCT: XXXXXXXXXXXX9876 AUTH: 9898
	TOTAL: <b>4</b> \$375.00
	I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)
	x _____

**Contact Customer Service:** Monday – Friday 8: 30am-5:00pm EST

(603) 647-1147 Option 1 
 (866) 978-7868 
 [customerservice@hrcts.com](mailto:customerservice@hrcts.com)