



## FLEXIBLE SPENDING ACCOUNT (FSA) CLAIM AND RECEIPT SUBMISSION

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

### There are two reimbursement options.

1. Pay out-of-pocket and submit for reimbursement using the claim form and provide a receipt. The claim can be submitted via mail, fax, email, mobile app, or online via the participant portal.
2. Pay with your FSA debit card and submit an itemized receipt or Explanation of Benefits (EOB) as substantiation.

### Completing a Universal Claim Form:

- Submit a claim form with an itemized receipt or EOB to substantiate the purchase.
- The claim form must be completed entirely, dated, signed and must have the following five pieces of information to be accepted for processing.
  1. Claim Code F – corresponding to the FSA
  2. Service Date or Purchase Date (if payment is for an eligible item, and not a service)
  3. Description of Service (prescriptions, copay, office visit, glasses, etc.)
  4. Provider (the name of the merchant or provider who performed the service)
  5. Claim Amount (the total amount for the service)

<b>1</b>	<b>F</b>	February 14, 2017	February 14, 2017	<b>4</b>	Walgreens
	Claim Code	Start Date of Service	End Date of Service		Provider
		Prescription		<b>5</b>	15.00
		Description of Service			Claim Amount
		Chandler Bing			
		Person Receiving Service (Required for HRA)	Tax ID (Dependent Care FSA only)		Daycare Provider Signature (Dependent Car)

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

### Substantiating a Purchase:

If you have made a purchase using your FSA debit card, you may be required to substantiate your purchase. The purpose of this is to ensure the purchase was FSA-eligible and to keep you in compliance with all IRS regulations.

If you receive communication from HRCTS requesting a receipt for a purchase please ensure your receipt follows the necessary guidelines and has all the information required to process. HRCTS will request the receipt from you one time.



### Example of Acceptable Substantiation:

**Required Information**

1. Provider Name
2. Date of Service
3. Description of Service
4. Claim Amount

**Good Receipt** →

<b>1</b> →	<b>ABC Eye Associates</b>	01-25-2001	← <b>2</b>
	<b>(999) 555-1111</b>	CUSTOMER RECEIPT	
	Customer Name: <b>SARA SAMPLE</b>		
<b>3</b> →	Frames: 1 Set	\$125.00	
	Lenses: anti-glare, scratch proof	\$ 79.00	
	Subtotal:	\$204.00	
	Tax:	\$ 12.24	
	<b>TOTAL:</b>	<b>\$216.24</b>	← <b>4</b>
	ABC Eye Associates * 123 Maple Street * Somewhere * CT * 99999		

**Please Note:** HRCTS has a receipt form which can be used to collect the required information, if you cannot obtain an itemized receipt

### When will HRCTS ask me for a receipt?

Depending on the location in which your FSA debit card was used, HRCTS may require a receipt. Generally this is done because the location where you made the purchase provides both eligible and non-eligible services under the IRS Guidelines.

The most common receipt requests will be for dental and vision expenses.

### What will happen to my claim if my receipt does not have all the required information?

Upon receiving your claim, HRCTS will review to ensure all required information is on both the claim form and the receipt.

If information is missing, HRCTS will reach out to you requesting more Information, which allows you to collect the missing data and submit to HRCTS to finish processing your claim.

If we still do not receive all the required information, then we will deny the claim.




### Is my Credit Card Slip showing I paid for services acceptable?

No, your credit card slip will not be acceptable as a receipt.

The reason for this is a credit card receipt only shows the date in which you PAID for the service, and the amount you paid. It does not show the **date of service or description of service**.

A payment for a service may be made before or after the date of service, and HRCTS must ensure all expenses are incurred within the plan year to be eligible for reimbursement.

**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)