

Flexible Spending Account (FSA) Claim and Receipt Submission

To complete a FSA claim you have the following options:

1. **Submit a claim form coded "F" for a FSA claim with an itemized receipt of explanation of benefits to substantiate the purchase.**

1	F	2	3	4	5
Claim Code	January 1, 2017	January 1, 2017	Perscription	Walgreens	\$5.00
	Start Date of Service	End Date of Service	Description of Service	Provider	Claim Amount
	Chandler Bing				
	Person Receiving Service (Required for HRA)	Tax ID (Dependent Care FSA only)	Daycare Provider Signature (Dependent Care FSA only)		

1 Complete Form

The claim form must be completed entirely, dated, and signed.

- 1 Claim Code
- 2 Service date or Purchase date (start date and end date)
- 3 Description of Service/item purchased (prescription, copay, office visit, glasses)
- 4 Provider/Merchant (where service provided or item purchased)
- 5 Claim Amount (dollar amount for the service/item)
- 6 Person receiving the service (optional)


- You can submit this information to HRCTS via mail, fax or email.

Please remember to sign the bottom of the claim form authorizing HRCTS to process the claim in your account.

2. **Submit a claim online using your Participant Portal or the Mobile App and attach an itemized receipt or explanation of benefits to substantiate the purchase.**

Receipts are required when submitting a claim form or filing a claim online:

2 PROVIDE PROOF



3 → **ABC Eye Associates** 01-25-2001 ← **1**

(999) 555-1111 CUSTOMER RECEIPT

5 → Customer Name: **SARA SAMPLE**

2 → Frames: 1 Set \$125.00

Lenses: anti-glare, scratch proof \$ 79.00

Subtotal: \$204.00

Tax: \$ 12.24

TOTAL: \$216.24 ← **4**

ABC Eye Associates * 123 Maple Street * Somewhere * CT * 99999



The itemized receipt/EOB/invoice must contain the following:

- ① Service date or Purchase date (start date and end date)
- ② Description of Service/item purchased (prescription, copay, office visit, glasses)
- ③ Name of Provider/Merchant (where service provided or item purchased)
- ④ Claim Amount (dollar amount for the service/item)
- ⑤ Person receiving the service (optional)

****Please remember HRCTS has a receipt form that you can use to collect the necessary information, if you do not have an itemized receipt.****

Receipts required after your using your VISA debit card:

- The IRS regulation allows you to use the VISA debit card we provided to you, but requires you to submit your receipts for certain types of expenses.
- If HRCTS requests your receipt for a debit card purchase, it is because the IRS requires it.
- There are some exceptions that enable you to NOT have to submit your receipts. These exceptions are:
 - ✓ For copays associated with your employer's health insurance plan(s).
 - ✓ If you have a reoccurring expense and have submitted your receipt to us already in the past 12 month period of time. That means that any time during that year, where you have the same exact claim amount at the same type of merchant/provider you will not have to submit your receipt.
 - ✓ If you shop at a merchant that has an Inventory Information Approval System (IIAS) in place according to the IRS. The merchant will have coded the item as FSA eligible or not, so when you use your card, it will only work for eligible items; therefore we do not need your receipt. IIAS merchants are typically drug store/pharmacies, grocery stores, department stores and wholesale clubs.
- The receipts we will end up requesting most often are dental and vision or medical that is not a copay.
- If HRCTS needs your receipt, we will request it. You will receive up to three notifications requesting your itemized receipt if it is not sent in to us.



HRC TOTAL SOLUTIONS

TIPS REGARDING SUBSTANTIATION

- **Receipt Form** - HRCTS has created a form you may utilize that can assist you in obtaining sufficient substantiation from your provider/merchant. The provider *must* sign the bottom of the form. You will find this receipt form under forms tab on HRCTS website or tools and support on your online account.

Date of Service	Name of Provider/Merchant	Type of Expense (The item purchased or service performed)	Dollar Amount of Item/Service
1/1/2017	Dr. Green	Office Visit	\$25.00

Total: \$ 25.00

→ Provider/Merchant Signature: _____ Date: _____



If HRCTS does not receive the claim form completed correctly or the proper documentation with the claim then we will request more information (RMI) and/or deny your claim until the proper documentation is received.



The information must be clear as HRCTS will not make assumptions on the information provided



We must have the date of service and not the date of payment to ensure that the service is provided in the same year that you are claiming for.

Thank you for participating in your pretax Healthcare Flexible Spending Account. We hope you enjoy your tax savings! If you should have any questions on your account please contact our Customer Service Department at 603-647-1147 option 1.