

Completion Guide

Step 1: Participant Information

- Please write legibly. Missing information may delay the processing of your claim.

Step 2: Substantiation Information

- **Claim Number:** Please provide the claim number associated with the Discovery Benefits debit card purchase. This information can be found by logging into your account online.
- **Offsetting:** If you are unable to locate documentation for the purchase made with your Discovery Benefits debit card and are submitting offsetting documentation, please circle "Yes" and mark the offsetting documentation with "Offset." If you are not, please circle "No."
- **Date of Transaction:** Provide the date of the Discovery Benefits debit card transaction. This information is available to you by logging into your account online.
- **Provider Name:** Please provide the name of the location the Discovery Benefits debit card was used as it appears in your online account summary.
- **Claim Amount:** Provide the *total dollar* amount of the debit card transaction regardless if documentation has been previously submitted and approved/denied.
- **Recurring:** If the charge is the *exact same dollar amount* to the *exact same provider* please circle "Yes" to prevent future requests for documentation. If it is no, please circle "No."

Step 3: Participant Certification

Submit the completed form with the supporting documentation to Discovery Benefits.

Send your claim to:

Mail: PO Box 2926; Fargo, ND 58108-2926

Fax: 1-866-451-3245

Documentation Requirements

Documentation for medical expenses required by the IRS includes a third-party receipt containing the following information:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount (after insurance, if applicable)

Documentation for dependent care expenses required by the IRS includes a third party receipt containing the following information (please be advised if a receipt is unavailable a signature from the provider is sufficient):

- Incurred dates of service
- Dollar amount
- Name of day care provider

Unacceptable forms of documentation include the following:

- Provider statements that only indicate the amount paid, balance forward or previous balance
- Credit card receipts that only reflect a payment
- Bills for prepaid dependent care/medical expenses where services have not yet occurred

When submitting a receipt for a co-payment amount, please be sure the co-payment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If "co-payment" is not clearly identified, have the provider write "co-payment" on the receipt and sign it.

Receipt and Substantiation Form



This form is intended to substantiate purchases made with your Discovery Benefits debit card. Requests for reimbursement of out-of-pocket expenses need to be submitted on a Reimbursement Request Form.

*=Required Fields

Step 1: Participant Information

*Participant Name (First, MI, Last)

 - -

*Social Security Number

*Employer Name (Do not abbreviate)

*Employee ID

Updates or changes to your profile can be made by logging into your account at www.discoverybenefits.com.

Step 2: Substantiation Information

Claim Number	Offsetting	Date of Transaction	Provider Name	Claim Amount	Recurring
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No

Step 3: Participant Certification

Please use the attached documentation to substantiate the referenced purchases made with my Discovery Benefits debit card. I understand that charges not substantiated or approved within 72 days of the date of transaction will cause my Discovery Benefits debit card privileges to be temporarily suspended until I am able to substantiate the transaction or have reimbursed my Discovery Benefits account for the purchase. I understand that even if my debit card privileges are suspended, I can still be reimbursed for out-of-pocket expenses by completing and submitting eligible claims with a completed Reimbursement Request Form.