

## Completion Guide

### **Step 1: Participant Information**

#### **Step 2: Reimbursement Information**

- **Plan Type:** Enter the three- or four-letter code (located below the claim table) to identify the account from which you are requesting reimbursement.
- **Did You File Online?:** If a claim was filed online using the Online Claim Submission Tool, mark "Y" for yes; if not, mark "N" for no.
- **Date(s) Expense(s) Incurred:** Provide the date or range of dates the expenses were incurred.
- **Merchant/Provider Name:** Provide the name of the merchant or facility where the expense was incurred.
- **Name of Person Receiving Product/Service:** Provide your name or the name of the tax dependent for which the service was provided or the product was purchased.
- **Claim Amount:** Provide the total amount requested for the specified expense.
- **Total Reimbursement Requested:** Total the amounts in the "Claim Amount" boxes.
- **Qualified Transportation Accounts:** Per IRS guidelines, Qualified Transportation Account claims can only be reimbursed if they are submitted within 180 days of the date of service, up to the mandated maximums.

#### **Step 2a: Dependent Care**

- Should the day care provider be unable to provide a receipt, a signature is required for your dependent care account (DCA) claim(s) to be paid.
- Provide dependent name and date of birth you are requesting reimbursement for.

#### **Step 3: Participant Certification**

- Sign and date the form after reading the Participant Certification.

Submit the completed form with the supporting documentation to:

UPMC Benefit Management Services

Claims Fax: 1-844-361-4700

PO Box 2784

Email: [consumeradvantage@upmc.edu](mailto:consumeradvantage@upmc.edu)

Fargo, ND 58108-2784

## 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 was 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 indicate only the amount paid, balance bought 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 copayment amount, be sure the copayment description is on the receipt. In some cases, you will need to ask for a receipt at the point-of-service. If the copayment is not clearly identified, have the provider write "copayment" on the receipt and sign it.

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This form is for the reimbursement of eligible out-of-pocket expenses. Documentation to substantiate purchases made with your debit card must be submitted with a copy of a receipt, or a receipt and substantiation form. This form is not to be used to offset debit card transactions.

### Step 1: Participant Information

\*=Required Fields

\*Employer Name (Do not abbreviate.)

\*Participant Name (First, MI, Last)

\*Member ID

Note: Reimbursements will be sent to the address on file with UPMC Benefit Management Services. If an address change or update is needed, please contact your human resources administrator to update.

### Step 2: Reimbursement Information

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

#### Step 2a: Dependent Care

If you are unable to provide a receipt for any claim(s) submitted for your dependent care account, your day care provider must complete Step 2a. If you would prefer to file only one claim for the plan year, please access the Recurring Dependent Care Request Form in the Forms section of your UPMC Consumer *Advantage* website.

Dependent Name

 /  / 

Date of Birth (mm/dd/yyyy)

 Adult Care

 Child Care

Service Type (choose one)

#### Provider Signature and Certification (for dependent care claims)

I certify the information provided below is accurate. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

\*Dependent Care Provider Signature

#### Step 2b: Claim Information

*Plan Type <sup>1</sup>	*Did You File Online? (Y or N)	*Date(s) Expense(s) Incurred	*Merchant/Provider Name	*Name of Person Receiving Product/Service	*Claim Amount
					\$
					\$
					\$
					\$
					\$
<sup>1</sup> Plan Types FSA-health care FSA; DCA-dependent care FSA; LFSA-limited purpose FSA; PKG-commuter parking account <sup>2</sup> ; TRN-commuter transit account <sup>2</sup> ; HRA-health reimbursement arrangement; HIA-health incentive account				<b>*Total Reimbursement Requested</b>	=

<sup>2</sup>For qualified transportation accounts, per IRS guidelines, claims can be reimbursed only if they are submitted within 180 days of the date of service, up to the mandated maximums.

### Step 3: Participant Certification

I certify that the reimbursement requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses, nor am I seeking reimbursement for these expenses from any other source. I understand that UPMC Benefit Management Services, its agents, or employees will not be held liable if I submit ineligible expenses for reimbursement. By submitting this request, I certify that the information provided is complete and accurate. If there are any changes in the information provided, I understand it is my responsibility to notify UPMC Benefit Management Services. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

\*Participant Signature

\*Date