


Flexible Spending Account (FSA & DCAP) Claim Form & Filing Instructions

When Completing a FSA or DCAP Claim please:

- Complete FSA or Dependent Care Section of Claim Form
- A Signature is Required to process claims
- Attach copies of your Receipts, Invoices, Medical EOB's or Rx Stubs
(If you provide a statement-it must have Dates of Service in order to be accepted)
- The Supporting FSA/DCAP Documents must contain the following information:
 - **Patient/Individual Name who Received Services**
 - **Date Expense or Services were rendered/incurred**
 - **Type of Service - or - Name of Product**
(if Product Name is not on Receipt, a copy of Product Label can be included w/Claim Form)
 - **Amount of Charge(s)**
 - **Provider Name or Individual providing Services**

NOTE: *A copy of a cancelled check or a credit card receipt will not be accepted as evidence of supporting documentation.*

- If you need a list of FSA Eligible Expenses or have any questions, please contact your TPA Administrator at C.H. Reams at **(814) 453-4357** or **(800) 673-2518**
- The MySourceCard  automated number for checking balances is **(888) 523-4308**

Fax Claim Forms To:

Fax Number: (814) 459-8600
Attn: FSA Claims

Mail Claim Forms To:

C. H. Reams & Associates, Inc.
Attn: FSA Claims
401 Cranberry Street, Suite 100
Erie, PA 16507

Supporting Documentation Will Not Be Returned
Therefore, please be sure you have copies of these expenses for your records