

# How do I know what documentation to submit for my FSA account?

Five questions to determine if your FSA claim documentation should be acceptable:

## WHO? WHERE? WHAT? WHEN? HOW?

1. **Who** is the expense for? The receipt should indicate the patient or who received the eligible service/item.
2. **Where** was the service provided? This is used to confirm that services were provided through a licensed practitioner or facility.
3. **What** service/item was provided? This indicates what services or items are being provided. This is reviewed against IRS eligibility information to ensure the service is eligible. With certain expenses, you may be asked to provide a letter of medical necessity to confirm its eligibility.
4. **When** did the service take place? The date of service is used to determine what plan year the expense may apply against. A claim cannot be entered or validated with a payment or billing date.
5. **How** much did the service/item cost (after insurance is finalized, if applicable)? This is the amount you were responsible for. In some cases, this amount may vary from the amount you may have already paid.



### Examples of Documentation and are they Acceptable:

Account Type	HealthFSA						DCFSA
	Medical Expense	Prescription Expense	Over-the-Counter (OTC) Expense	Dental Expense	Vision Expense	Orthodontia	Daycare / Childcare
Bill/Statement, Itemized (after insurance, if any, is finalized)	YES	YES	YES	YES	YES	YES	YES
Bill/Statement, Itemized (showing insurance pending or estimated)	NO	NO	n/a	NO	YES	NO	n/a
Bill/Statement for Balance Forward (no service date details)	NO	NO	NO	NO	NO	NO	NO
Statement Showing Only Payments (no service date details)	NO	NO	NO	NO	NO	NO	NO
Explanation of Benefits from your Insurance Plan	YES	YES	n/a	YES	YES	YES	n/a
Prescription Receipt (not the cash register receipt)	n/a	YES	YES*	n/a	n/a	n/a	n/a
Prescription Fill Report from Pharmacy	n/a	YES	YES*	n/a	n/a	n/a	n/a
Cash Register Receipt	NO	NO	YES*	NO	NO	NO	NO
Truth In Lending Agreement	n/a	n/a	n/a	n/a	n/a	YES	n/a
Receipt for Prepayment of Services	NO	NO	NO	NO	NO	NO	NO
Check written to Provider	NO	NO	NO	NO	NO	NO	NO
Credit Card Statement	NO	NO	NO	NO	NO	NO	NO

\*If the cash register receipt does not provide a clearly identifiable description of the item purchased, a copy of the product packaging, including the UPC symbol, identifying the product will also be required. If the receipt contains purchases that are not eligible and you are not requesting reimbursement for, you should circle the specific line items for which you are requesting reimbursement. If requesting reimbursement for a medicated OTC expense, a copy of the prescription from a physician is required for reimbursement.