FSA & Dependent Care Reimbursement Claim Form Instructions

PROFICIENT™ BENEFIT SOLUTIONS

We care about your experience and want to ensure you have the information you need to submit your claim accurately the first time!

It is easy to manage your account and submit claims online using Proficient Connect Online. Simply submit your claim, upload your itemized receipts or Explanation of Benefits (EOB), and submit, all from your favorite device! It's easy, convenient, and can be done on the go! To submit by mail or fax complete the claim form on the next page, print, and submit along with your itemized receipt or EOB to:

Proficient Benefit Solutions
PO Box 380768
San Antonio, TX 78268

FAX: (210) 659-8171

Important Information About Your Itemized Receipts

This plan is governed by IRS. In order to satisfy IRS requirements, documentation is needed to process your claim. Include an itemized receipt (or EOB) for every expense submitted on this claim form. The receipt, EOB, or supporting documentation you submit must include the following:

- Patient's Name: The name of the person who received the service or for whom the item was purchased. For retail store purchases, this information may be excluded.
- Provider's Name: The provider that delivered the service or where the item was purchased.
- Date of Service: The date when the service was provided or the item was purchased.
- Type of Service: A description of the service provided or the item purchased.
- Cost: The amount owed, paid, or portion not reimbursed through your insurance carrier.

Additional Considerations

- Credit card receipts, or other documentation, reflecting only the amount owned, due or paid cannot be accepted as it would not meet the above criteria required to validate eligibility of the expense.
- Keep a copy of the claim form and supporting documentation for your records.

If you have any questions, please contact us at 210-659-8100 or ask@proficientbenefits.com. Our team is here to serve you.

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READ BEFORE COMPLETING: To submit an itemized receipt or explanation of benefits for an existing claim or transaction please mail or fax with the notice you received from Benefit Solutions OR upload through https://proficientconnect.wealthcareportal.com or your Proficient Connect App (download at the App Store or Google Play).

SECTION 1: EMPLOYEE INFORMATION (Please Print)

Name: _____ SSN: _____

Address*: _____ Day Phone: _____

City: _____ State: _____ Zip: _____ Employer: _____

Email Address: _____

The email address may be used to contact you if additional information is required for your claim and we are unable to reach you by phone.

**All reimbursements by check and all correspondence will be mailed to this address.*

SECTION 2: UNREIMBURSED FSA EXPENSES (Attach Supporting Itemized Statement or Bill)

See the cover page for detailed instructions regarding your itemized receipt or Explanation of Benefits which MUST be submitted to validate the eligibility of your expenses.

Person for Whom Expense was Incurred	Date of Service	Name of Provider	Description of Service	Amount	*Offset?
1.					No
2.					No
3.					No
4.					No

***Offset Note**: Select **Yes** to offset an existing Benefit's MasterCard transaction, marked as ineligible, and reactive your card.*

Total Unreimbursed FSA Expenses

SECTION 3: DEPENDENT DAYCARE EXPENSES (Attach Supporting Statement/Bill if Provider does not sign this form)

Note: Qualified expenses include preschool expenses, before school/after school care and regular daycare expenses for children up to age 13

Dependent's Name	Date of Birth	Service Date From	Service Date To	Name of Service Provider	Amount

I certify that I have provided dependent daycare services as described above.

Provider Social Security # or Taxpayer ID #

Signature of Dependent Care Provider

Total Dependent Daycare Expenses

SECTION 4: EMPLOYEE CERTIFICATION

I certify that all items requested to be reimbursed comply with the Flexible Spending Account Program and such items have not and will not be covered under any other plan or program of any employer or other person. I also certify that I have not used my FSA Benefits Card to pay for these expenses and that these expenses will not be deducted or taken as tax credits on my personal federal income tax returns for any year. I further certify that all expenses submitted are for me, my spouse or eligible dependents. The Plan Administrator does not accept responsibility for direct payment to any individuals other than the employee.

Employee Signature

Date