



Options for Submission of Claims:

- Online – Enter your claim information on the consumer portal. Send a copy of the confirmation page along with the supporting documentation via fax, e-mail, or mail. Once received, reimbursement will be processed within two business days.
- Manual – Complete the Reimbursement Request Form located in the *printable forms* section at www.discoverybenefits.com. Send the completed form with supporting documentation via fax, e-mail, or mail.

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)
- Name of provider or merchant
- Prescription drug number or name

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

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

If a receipt is not available, you may have the day care provider sign the Reimbursement Request Form or confirmation page (online submission).

Unacceptable forms of documentation include the following:

- Provider statements that only indicate the amount paid, a balance forward or previous balance
- Credit card receipt
- Missing or vague medical practitioner's note
- 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.

Documentation Reminder Process:

The following communication will be provided if Discovery Benefits has not received any documentation for submitted online claims:

- Automated emails are sent 7 days, 14 days, and 21 days after the claim has been filed. Reminders will cease once documentation is received.
- If documentation has still not been received after 30 days, the claim will be denied.

The following communication will be provided if Discovery Benefits needs additional documentation for manual/online claims:

- A denial email will be sent explaining why Discovery Benefits cannot process the claim. Upon receiving the denied claim information, if you have the necessary documentation as noted in the denial notification, you can provide that missing information to Discovery Benefits.
- In the event of multiple reasons for denial, you will be prompted to call the Discovery Benefits Participant Services team for further explanation and assistance.

If Discovery Benefits does not have your email address on file, a letter will be sent to your mailing address

Options for Payment:

- FREE Direct Deposit – To enroll in direct deposit, simply complete the Direct Deposit Form found in the *printable forms* section of our website. *Please allow 2-3 business days for the reimbursement to be posted to your bank account once the claim has been approved*
- Check – If Discovery Benefits does not have your direct deposit information on file, a check is sent to your mailing address. *Please allow 5-6 business days for the check to arrive once the claim has been approved*

Discovery Benefits Contact Information:

Participant Services – Hours of Operation	7:30 a.m. to 7:30 p.m. CST (M-F)
Participant Services Number	866-451-3399
Claims Mailing Address	Discovery Benefits PO Box 2926 Fargo, ND 58108
Website	www.discoverybenefits.com
Toll Free Fax Number	866-451-3245
Participant Services Email Address	customerservice@discoverybenefits.com