

## Debit Card Substantiation Form

### Completion Guide

#### Step 1: Participant Information

- Complete the required fields (\*).
- Changes to your profile can be made by logging in to your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).
- Please write legibly. Missing information may delay the processing of your claim.

#### Step 2: Substantiation Information

- **Claim Number:** Please provide the claim number associated with the Discovery Benefits debit card purchase. This information can be found by logging into your online account and choosing 'View Claim History'.
- **Offsetting:** If you are submitting alternative documentation in place of the original transaction documentation, please circle "Yes" and mark the alternative documentation with "Offset." (\*\*Alternative documentation is an eligible expense that you haven't been previously reimbursed for or paid with your Discovery Benefits debit card.)
- **Date of Service:** Provide the date of the Discovery Benefits debit card transaction. This information can be found by logging into your online account. The date of service is the date the card was presented for payment; it may or may not be the actual date of service.
- **Provider Name:** Please provide the name of the location the Discovery Benefits debit card was used. This information can be found by logging into your online account and clicking on the claim number.
- **Claim Amount:** Provide the **total** dollar amount of the debit card transaction regardless if documentation has been previously submitted and approved/denied.
- **Recurring:** If the charge is the *same* dollar amount to the *same* provider please circle "Yes" to prevent future requests for documentation.

#### Step 3: Participant Certification

#### Submit the completed form with the supporting documentation to Discovery Benefits.

- Send your claim to:  
**Mail:** PO Box 2926; Fargo, ND 58108-2926  
**Fax:** 1-866-451-3245  
**Email:** customerservice@discoverybenefits.com

### Documentation Requirements

Documentation for eligible 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)

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 only indicate the amount paid, balance forward or previous balance
- Credit card receipts that only reflect a payment
- Bills for prepaid dependent care/eligible 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.

## Debit Card Substantiation Form

This form is intended to substantiate purchases made with your Discovery Benefits debit card. Requests for reimbursement of out-of-pocket expenses need to be submitted on a Reimbursement Request Form.

\*= Required Fields

### Step 1: Participant Information

\*Participant Name (First, MI, Last)

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\*Social Security Number

\*Employer Name (Do not abbreviate)

\*Employee ID

Updates or changes to your profile can be made by logging into your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).

### Step 2: Substantiation Information

Claim Number	Offsetting	Date of Service	Provider Name	Claim Amount	Recurring
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No
	Yes/No				Yes/No

### Step 3: Participant Certification

Please use the attached documentation to substantiate the referenced purchases made with my Discovery Benefits debit card. I understand that charges not substantiated or approved within 72 days of the date of transaction will cause my Discovery Benefits debit card privileges to be temporarily suspended until I am able to substantiate the transaction or have reimbursed my Discovery Benefits account for the purchase. I understand that even if my debit card privileges are suspended, I can still be reimbursed for out-of-pocket expenses by completing and submitting eligible claims with a completed Reimbursement Request Form.

