

## **INSTRUCTIONS FOR SUBMITTING CLAIMS FOR THE CAFETERIA PLAN**

### **DAYCARE ACCOUNT**

- Provider does not have to be a licensed daycare provider
- Daycare provider cannot be a tax dependent of the employee
- Daycare coverage for children up to the age of 12 years, unless there is a documented disability
- If there are 2 cafeteria plans (husband and wife each have flex plan through work) then there is a maximum amount of \$5,000 a year that they can submit under this program

### **PROVIDER RECEIPT MUST INCLUDE THE FOLLOWING:**

1. Name of the provider (printed)
2. EIN number (if licensed provider), or last 4 of their social (if an at home provider)
3. Child or children's names (printed)
4. Dates of service and/or hours of service
5. Amount charged by the provider
6. Signature of the provider (required for reimbursement)

## MEDICAL REIMBURSEMENT ACCOUNT

### DOCUMENTATION NEEDED TO SUBMIT A CLAIM:

1. Provider Name & Address
2. Date of Service
3. Patient Name
4. Service Description
5. Service Charge

### EXAMPLES:

#### **X Bad Receipt**

Ed's Pharmacy  
123 Main Street  
Youtown, WV 12345

DATE: 09-15-07 TIME: 10:29AM

TERMINAL ID: K28100100J  
MERCHANT ID: 51292608873214

VISA  
\*\*\*\*\*6809

SALE  
BATCH: 001241  
AUTH: 6583025  
INV: 000008


TOTAL: \$ 15.82

JANE DOE

X \_\_\_\_\_  
I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

- ✓1. Provider Name: Ed's Pharmacy
- ✓2. Date of Service: 9-15-07
- ✓3. Patient Name: Jane Doe
- ✗4. Service Description: Missing
- ✓5. Service Charge: \$15.82

### ✓ Good Receipt

Ed's Pharmacy	09-15-2007
(123) 456-7890	Customer Receipt
Customer: JANE DOE	
LORATADINE 10MG TABLET Take once daily	Pay: \$ 15.82
Ed's Pharmacy, 123 Main Street, Yourtown, WV 12345	

- ✓1. Provider Name: Ed's Pharmacy
- ✓2. Date of Service: 9-15-07
- ✓3. Patient Name: Jane Doe
- ✓4. Service Description: Loratadine
- ✓5. Service Charge: \$15.82

### ✗ Bad Receipt

Sample Dentistry 124 Main Street Yourtown, WV 12345 Phone: (123) 456-7891						
Jane Doe - 789 Maple Street - Yourtown, WV 12345					Account: 4826	
Date	Patient	Description	Tooth	Performed By	Reference	Amount
9-25-07		Previous Balance				\$168.00
9-30-07		Visa Payment				(\$168.00)
Jane Doe		Scheduled Appointments:				New Balance: \$0.00
John Doe		11-15-07 3:30PM				
		11-15-07 3:30PM				

- ✓1. Provider Name: Sample Dentistry
- ✗ 2. Date of Service: Missing
- ✗ 3. Patient Name: Missing
- ✗ 4. Service Description: Missing
- ✓ 5. Service Charge: \$168.00

### ✓ Good Receipt

Sample Dentistry 124 Main Street Yourtown, WV 12345 Phone: (123) 456-7891						
Jane Doe - 789 Maple Street - Yourtown, WV 12345					Account: 4826	
Date	Patient	Description	Tooth	Performed By	Reference	Amount
9-15-07	John Doe	Panoramic film		Dr. Johnson	John	\$80.00
9-15-07	John Doe	Extraction	A	Dr. Johnson	John	\$72.00
9-15-07	John Doe	Extraction	K	Dr. Johnson	John	\$72.00
9-25-07		Insurance Payment			John (9-15-07)	(\$58.00)
9-30-07		Visa Payment			John (9-15-07)	(\$168.00)
Jane Doe		Scheduled Appointments:				New Balance: \$0.00
John Doe		11-15-07 3:30PM				
		11-15-07 3:30PM				

- ✓1. Provider Name: Sample Dentistry
- ✓2. Date of Service: 9-15-07
- ✓3. Patient Name: John Doe
- ✓4. Service Description: Extraction
- ✓5. Service Charge: \$168.00