

Valid Receipt Requirements

eBenefits Administrators, Inc. is required by IRS regulations to obtain certain documentation/receipts from a participant to verify the eligibility of each expense **before** we can approve it for reimbursement. To ensure fast and efficient processing of your claims, we have listed some examples of valid receipts along with other important information.

Examples of valid receipts include:

- Insurance carrier's explanation of benefits (EOB)
- Prescription drug ID tag (attached to the bag)
- Pharmacy printout
- Service receipt from a physician, dentist or other health care provider

A valid receipt must contain:

1. Provider name
2. Patient name (not required for OTC prescriptions)
3. Service/item description or prescription drug name
4. Date of service or prescription fill date
5. Cost

Valid OTC Receipt

Walgreens
The Pharmacy America Trusts

I'm Bill S. Thank you for allowing me to serve you today.

517 10 1438 00005 001
RFN# 0123-4567-8901-2345-6789

F	TYLENOL	1A	3.99
	CRACKERS	1	.89
F	IBUPROFEN	1A	2.99
SUBTOTAL			7.87
A=6% SALES TAX			.42
TOTAL			8.29
ACCT#*****4403			
CREDIT CARD			8.29
CASH			.00
CHANGE			.00
TOTAL FSA ITEMS:			6.98
TOTAL FSA ITEMS TAX:			.42

555 Main St, Deerfield, IL
STORE: (333) 555-1212
F=FLEXIBLE SPENDING ACCOUNT ITEM (FSA)
NOVEMBER 27, 2011 5:05PM

Valid Prescription Drug Receipt

WAL-MART PHARMACY (814) 864-7330
1900 Keystone Drive
Erie, PA 16509

DOE, JOHN 11/05/2011 REFILL
123 MAIN STREET ERIE, PA 16509

RX: 1234567 Ref # 7 QTY: 28 DAW: 2 DS: 28
NDC: 00006-0740 ZOCOR ZOCR TAB 20MG
FEELGOOD, DOCTOR NABP: 4825090
S9LP79X

MER MEDCO Patient Pay: \$33.96

Valid Dentist/Physician Receipt

STATEMENT OF SERVICES RENDERED

Brian Perkins, D.D.S., & Associates, Ltd.
1912 Keystone Drive
Erie, PA 16509
(814) 555-1212

CHART NO. TRO196 PAGE NO. 1
DATE OF SERVICE 11/05/2011

GUARANTOR NAME AND MAILING ADDRESS
John Doe
123 Main Street
Erie, PA 16509

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Jane			Periodic Oral Evaluation D0120	31.00	
Jane			Prophylaxis - Adult D1110	61.00	

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	PLEASE PAY
0.00	0.00	92.00	92.00	92.00

Note: If your expense is being "considered" by your medical or dental insurance carrier, you **MUST** submit a copy of your explanation of benefits (EOB) detailing your actual patient responsibility.

As you can see above, these receipts show details about the "product" or "service" that was rendered and do not necessarily show the service was paid for. We only need documentation showing services were rendered. An **eligible expense must be incurred during your active period of coverage regardless of when it was billed or paid.** We can not accept "insurance estimates or patient responsibility estimates" because the provider can not accurately determine the available benefit or network discounts at the point of service. Receipts with previous balance or balance forward are not acceptable as well as cancelled checks, credit card receipts (including the mySourceCard® MasterCard® debit card) or bank statements. These do not supply us with all 5 necessary items to correctly verify the eligibility of your claim.