



**IntegraFlex**

An Industry Leader in Consumer-Driven Healthcare Solutions

# Dependent Care Claim Instructions

**Important:** Estimates for services that have not yet been incurred **cannot** be accepted. Be sure to keep a copy of your documentation on file at all times.

\*Hourly claims cannot be set-up as recurring\*

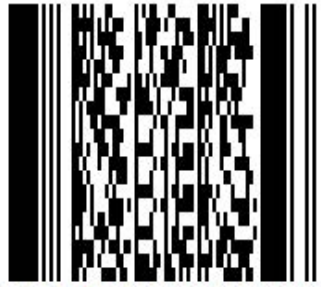
IRS acceptable forms of supporting documentation are the following:

- Itemized Billing Statement from the Daycare Provider showing the following detail:
  1. Name of Daycare Provider and Address; along with their EIN or SSN
  2. Name of Dependent
  3. Services rendered
  4. Date of Service
  5. Billed amount

**Claim submission methods: Upload, fax or email your completed contract to IntegraFlex**

- Sign In to the IntegraFlex Employee Portal – <https://integraflex.wealthcareportal.com> to upload your Dependent Care Claim Form with your supporting documentation.
- Fax to: (855) 673-6711
- Email to: [claims@integra-flex.com](mailto:claims@integra-flex.com)

# Employee DCA Claim Form



##16T00872#####



**EMPLOYEE INFORMATION**

Employer \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_  Check if New Address

**DEPENDENT CARE ACCOUNT**

**CLAIM ATTACHMENTS – Failure to follow these guidelines will result in reimbursement delay or possible denial.**

**DCA REQUIREMENTS:**

An **“Itemized Statement”** from the provider **MUST** be submitted showing:

- Provider’s Name/Address
- Dependent’s Name
- **“Actual”** Date of Service when the Service was Provided
- The Amount Charged
- Daycare Provider’s SSN or EIN Number

**DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT**

*(Please check one)*

Recurring Expense	
NOT Paid w/ Flex Debit Card	Paid with Flex Debit Card
Expense Amount	Expense Amount
\$	\$
\$	\$
\$	\$
\$	\$

Name of Daycare Provider	Dates of Service		Dependent’s Name	Expense Amount
	From	To		

Daycare Provider’s SSN or EIN Number \_\_\_\_\_

Total amount requested from your **DCA/Cafeteria Plan** \$ \_\_\_\_\_ *(Manual Amounts Only–Paid for service other than with your FSA Debit Card)*

I certify that I have actually incurred these eligible expenses. I understand that expense incurred means the service has been provided that gave rise to the expense, regardless of when I am billed, or charged for or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse’s income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Claim Instructions-Dependent Care:** Submit a completed DCA Claim Form and an IntegraFlex Dependent Care Contract. Both of these forms can be found at <https://integraflex.wealthcareportal.com> under "Submit A Claim" located at the top of the home page. You’ll need to submit a new contract each plan year. Dependent Care claims can only be paid with funds that are currently available in your DCA at the time of the claim. The balance of the claim will continue to release as you contribute more funds to your account.