

Discovery Benefits, Inc.
Email
PO Box 2926
Fargo, ND 58108

Employer: Discovery Benefits Inc
Employer Code: DBI
Date: 2/12/2018

REQUEST FOR SUBSTANTIATION DOCUMENTATION - 30 DAY REMINDER FOR:

Sample Participant
123 Frontier Ave
Fargo, ND 01234

Sample Participant:

A debit card transaction requires you to provide a receipt to show the expense was eligible.

- What should be included in your receipt?
- date(s) of service
- description of service or item purchased
- name of provider
- dollar amount (patient responsibility only)
- doctor's prescription or note if expense is for over-the-counter medicines or drugs

If we do not receive your receipt(s) within 72 days of the original transaction date, your debit card may be placed on a temporary hold. Timing may vary based on your plan design.

Claim No.	Plan Name	Dates of Service	Type	Provider/ Merchant	Recipient	Claim Amount
11671180211D000506	Medical FSA Carryover 500 01/01/2018- 12/31/2018	2/8/2018	Debit Card	DAKOTA MEDICAL CLINIC LLC	Mary Sample	\$205.78

CONTACT INFORMATION

Discovery Benefits, Inc.
Participant Services
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Fargo, ND 58108

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