

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

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

REQUEST FOR SUBSTANTIATION DOCUMENTATION - 1 DAY REMINDER FOR:

Sample Participant  
123 Frontier Ave  
Fargo, ND 01234

Sample Participant:

A recent 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.

<b>Claim No.</b>	<b>Plan Name</b>	<b>Dates of Service</b>	<b>Type</b>	<b>Provider/ Merchant</b>	<b>Recipient</b>	<b>Claim Amount</b>
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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