**Debit Card Substantiation Form**

**Important: This form is only for participants with the HRAdministrators Debit Card and is used to validate card purchases according to IRS regulation. All Debit card Participants are requested to register their account at the following website** [**www.hradministrators.com**](http://www.hradministrators.com)**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Documentation Instructions** 1. Attach the receipt from the provider/facility where you charged your FSA/Parking/Transit eligible expense. For HRA expenses, attach your Explanation of Benefits. 2. Do not attach the debit/credit card receipt. 3. Be sure the date of service is on the receipt. Prescription claims must include the RX Name or Number, not the cash register receipt. 4. **Over the counter** receipts are acceptable.  Please Check 1 Box :  □ New Debit Card Claim Submission for my **(check one)** 🞏 FSA or 🞏 HRA 🞏 Transit 🞏 Parking  □ Information Requested From HRAdministrators, Inc. | | | |
| Employer Name | Employee Name | Daytime Phone Number | Last 4 digits of SS# |
| Check Here for New Address: □ | Address | City | State / Zip code |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date of Service** | **Name of Provider/Facility** | **Nature of Service** | **Participants Name or Eligible Dependent** | **Amount Requested** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | |
| Comments to the Claims Department: | | | |

**Employee Certification:** I certify that these expenses for which reimbursement is claimed have been incurred by me and/or my eligible dependents. These expenses are not, and will not, be payable by any other plan, will not be reimbursed or discounted from any other source and will not be deducted on my federal, state or local income tax returns.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Submit Claim Form and Receipts:**

**Fax: (610) 774-9910 pg 1 of\_\_\_\_\_\_ (no cover page needed)**

**Mobile App: Download the app, login to your account, click on SnapClaim and follow the instructions.**

**On-line claims Entry: Login to your participant account, click on Transactions or online claims entry and follow the instructions.**

**Mail:**

**Human Resource Administrators, Inc.,**

**1541 Alta Dr, Suite 306,**

**Whitehall, PA 18052**