

# Receipt and Substantiation Form

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## Completion Guide

### Step 1: Participant Information

Please write legibly. Missing information may delay the processing of your claim.

### Step 2: Substantiation Information

**Claim Number:** Please provide the claim number associated with the Discovery Benefits debit card purchase. This information can be found by logging into your account online.

**Offsetting:** If you are unable to locate documentation for the purchase made with your Discovery Benefits debit card and are submitting offsetting documentation, please circle "Yes" and mark the offsetting documentation with "Offset." If you are not, please circle "No."

**Date of Transaction:** Provide the date of the Discovery Benefits debit card transaction. This information is available to you by logging into your account online.

**Provider Name:** Please provide the name of the location the Discovery Benefits debit card was used as it appears in your online account summary.

**Claim Amount:**

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This form is intended to substantiate purchases made with your Discovery Benefits debit card. Requests for reimbursement of out-of-pocket expenses need to be submitted on a Reimbursement Request Form.

\*=Required Fields

Step 1: