

Claim & Debit Card Substantiation Documentation Checklist

MAKE SURE YOUR CLAIM IS APPROVED BY FOLLOWING THESE SIMPLE STEPS

The #1 reason a claim, a payment request or a debit card substantiation receipt is not approved is because of illegible or incomplete documentation. Use this documentation checklist and submission tips to ensure your request is processed promptly.

DOCUMENTATION CHECKLIST

All documentation MUST include these five key pieces of information:

- Provider's Name** - Facility or person who provided the service, or if a purchase, where item was purchased (i.e. hospital, doctor, pharmacy).
- Service Date(s)** - Date services occurred or date item was purchased.
- Name*** - Person who received the service or whom the item is for.
- Type of Service** - Detailed description of the service provided or item purchased.
- Amount Billed** - The amount charged for services or product and/or the portion not reimbursed by your insurance carrier.

HELPFUL TIPS FOR SUBMITTING DOCUMENTATION

- Use your Explanation of Benefits (EOBs), especially if your insurance paid a portion of the expense.
- Make sure documentation is legible; check that it isn't too dark or light and that information is not cut off.
- Do not use highlighters on documentation.
- Handwritten documentation must include stamped provider information.
- Do not send carbon copies or cancelled checks, they typically do not include all five key pieces of information.

HOW TO SUBMIT CLAIMS/DOCUMENTATION

- Online - log into your account at mypeak1.com.
- Peak1 Administration smartphone app - use this free app to take photos of receipts and upload.
- Please refer to your Health Care or Dependent Care FSA claim form, or Request for Substantiation for the correct email address, fax number or mailing address to submit your documentation to. Forms are available when you log into your account at mypeak1.com.

In order to ensure that you are receiving timely notifications regarding your claims and debit card notifications, please confirm that we have your correct email address on file. Log into your account at mypeak1.com to verify your contact information and review important information. Refer to the tables below for timing of messages you'll receive as well as processing times.

CLAIMS PROCESSING EMAIL NOTIFICATION

Event	Sent	Message
Claim Received	Within 1-2 business days of receipt of claim.	Claim has been received and review has started.
Claim Processed	Within 1-2 business days of receipt of claim.	Review of claim is complete. You can log into your account at mypeak1.com to view claim status.
Claim Payment	Within 1-2 business days of claim review approval or when new funds become available.	Payment has been issued.

DEBIT CARD USE SUBSTANTIATION DOCUMENTATION

Event	Sent	Message
First Debit Card Notification Reminder	15 days after debit card transaction	Request for Substantiation Documentation - 15 Day Reminder
Second Debit Card Notification Reminder	30 days after debit card transaction	Request for Substantiation Documentation - 30 Day Reminder
Third Debit Card Notification Reminder	45 days after debit card transaction	Request for Substantiation Documentation - 45 Day Reminder
Claim Denied	60 days after debit card transaction	Notification of Denied Claim(s)

* Requests for Over-the-Counter medicines do not require the patient's name, but do require a prescription.