Diversified Administration, Inc.
Tax Saving For Employers & Employees

Section 125 Cafeteria Plan - FSA Ready Receipt

Please have your care provider complete all sections in this form to ensure reimbursement of your expenses through your Section 125 Plan. The IRS requires the information below to process any expense for reimbursement through the plan.

Provider Name:_____

Provider Address: _____

(For Child Care Only) Provider Tax ID_____

Person For Whom Expense Was Incurred:_____

Relationship to employee:_____

Date(s) of Services:_____

This is the actual date on which the services were incurred – for medical expenses the date services were performed, and for child care, the dates of child care the payment covers. If the date of payment is different from the date of service – only the Date of Services Rendered goes on this line.

Specific Services Rendered:	Dates of Service	Costs for Services:
Please list specific services rendered (do not use diagnosis codes)		
_____	From _____/_____/_____ To _____/_____/_____	$_____
_____	From _____/_____/_____ To _____/_____/_____	$_____
_____	From _____/_____/_____ To _____/_____/_____	$_____
_____	From _____/_____/_____ To _____/_____/_____	$_____
_____	From _____/_____/_____ To _____/_____/_____	$_____

Signature of Provider:_____

Please send this receipt with a completed and signed claim form to:

Fax to (954) 983-9695 or E-mail to claims@div125.com