



Diversified Administration, Inc
6600 Taft Street, Suite 304
Hollywood, FL 33024
Claims@Div125.com
Phone 954-983-9970
Fax 954-983-9695

Section 125 Cafeteria Plan - FSA Ready Receipt

When a service provider cannot produce the required documentation, this form can be completed to ensure reimbursement of your expenses through your Section 125 Plan. When using this form, the provider must sign the bottom, before any expenses can be reimbursed through the plan.

Employer Name: _____

Employee Name: _____

Provider Name: _____

Provider Address: _____

(For Childcare Only) Provider Tax ID: _____

Person for whom expense was incurred: _____

Relationship to employee: _____

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

_____	From ___ / ___ / ___ To ___ / ___ / ___	\$ _____
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_____	From ___ / ___ / ___ To ___ / ___ / ___	\$ _____
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_____	From ___ / ___ / ___ To ___ / ___ / ___	\$ _____
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_____	From ___ / ___ / ___ To ___ / ___ / ___	\$ _____
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_____	From ___ / ___ / ___ To ___ / ___ / ___	\$ _____
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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