

Alight Smart-Choice Accounts

Health Care Flexible Spending Account (HCFSAs)

Receipts and Documentation

See the below examples of different types of expenses and receipts that would need to be provided upon submitting your claim. Use this as a guide to ensure you are submitting the documentation that will be required for quick and easy payment.

MEDICAL EXPENSES

TIP: An Explanation of Benefits (EOB) is the preferred documentation for validating medical claims.

Valid Medical Receipt Sample

A valid receipt contains the following items:

1. Service provider
2. Service date
3. Service description
4. Amount you're responsible for

May 09, 2026

HEALTH CARE SERVICES, INC.

1 Provider: M. THOMAS **2** Service date: 04/15/2026

3 Type of Service	Amount Billed	(-) Plan Discounts	(-) Your Plan Paid
OFFICE VISITS	118.00	50.39	17.61
CLAIM	118.00	50.39	17.61

4 YOUR ITEMIZED RESPONSIBILITY TO PROVIDER**

(-) Deductible	(-) Copay	(+) Coinsurance	Non Covered	Amount You Owe
CLAIM 0.00	0.00	0.00	0.00	50.00
CLAIM TOTAL 0.00	0.00	0.00	0.00	50.00

**This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.

Invalid Medical Receipt Sample Common problems with receipts:

1. Includes a statement date, but not the service date
2. Includes an amount but no indication of how much you're responsible for
3. Doesn't include a description of service
4. Doesn't include a specific service provider name

General Hospital
100 Main Street
PO BOX 500
Anytown, MA 12345-4321

RETURN SERVICE REQUESTED


1 STATEMENT DATE	2 PAY THIS AMOUNT	3 ACCOUNT NO.
2/1/2026	\$573.34	12340000

SHOW AMOUNT PAID HERE \$

JOE BROWN
500 SCHOOL STREET
ANYTOWN, MA 12345-4321

MAKE CHECKS PAYABLE / REMIT TO: _____

4 **GENERAL HOSPITAL**
100 MAIN STREET
PO BOX 500
ANYTOWN, MA 1235-4321



DENTAL RECEIPTS

TIP: An Explanation of Benefits (EOB) is the preferred documentation for validating dental claims.

Reminder: General oral hygiene products (toothpaste, toothbrush, floss) are not eligible for reimbursement even if purchased at a dental provider. Deduct the amount paid from the amount requested for reimbursement.

Valid Dental Receipt Sample

A valid receipt contains the following items:

1. Service Provider
2. Date of Service
3. Description of Service
4. Amount you're responsible for

Orthodontia Services

Refer to the Receipt of Orthodontic Treatment Form, found on the benefits website under Forms and Documents, for what's required.

You may be reimbursed

- Monthly
- After each installment*
- In a one-time payment

*Note: If you are paying in installments, submit a claim and your receipt or payment coupon each time

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Signa Dental
Signa Health and Life Insurance Company

Your explanation of dental benefits
(For claim processed on Nov. 10, 2026) **THIS IS NOT A BILL.**

1 HEALTH CARE PROFESSIONAL NAME:
TOWN DENTAL GROUP, LTD.

2 Service date: Apr. 7, 2026

AMOUNT CHARGED	CONTRACTED AMOUNT	AMOUNT ELIGIBLE FOR COVERAGE	AMOUNT ELIGIBLE FOR COVERAGE	REMAINING BALANCE	YOUR PLAN COVERED
		60.00	21.00	21.00	21.00
		70.00	32.00	32.00	32.00
		Topical Fluoride excl. Varnish 50.00	16.00	0.00	0.00
		180.00	69.00	53.00	53.00
		Amount paid by your plan			53.00
		4 Customer's responsibility			16.00

Invalid Dental Receipt Sample

Common problems with receipts:

1. Balance forward amount
2. Multiple service descriptions
3. Insurance payment not itemized
4. Multiple plan years
5. Ineligible expense
6. Total amount doesn't reflect what you're responsible for

SINGLE FAMILY LEDGER				
John Q. Dentist, D.D.S.				
Date: 05/29/26			Page: 1	
Guar Name: Sam Sample			Chart No: 12345	
123 Any Street Anytown, CA 00000-0000			Billing Type: 2	
DATE	DESCRIPTION	PATIENT	CHARGE	BALANCE
09/30/26	Balance Forward	Ann	148.00	148.00
10/01/26	Deliver Invisalign	Ann	0.00	148.00
10/01/26	Full Mouth Xrays	Chris	101.00	249.00
10/16/26	Periodic oral evaluation	Chris	35.00	284.00
10/16/26	Periodontal maintenance	Chris	96.00	380.00
11/02/26	Crown-porc/ceramic substr.	Molly	955.00	1335.00
11/04/26	Dental Ins Payment	Lane	-212.80	1122.20
11/28/26	Composite, 2 surf posterior	Lane	168.00	1,290.20
12/15/26	Dental Ins Payment	Chris	-448.96	841.24
12/21/26	Check Payment - Thank You	-	-100.00	713.20
04/15/26	Opalescence 20%, 10%, 15%	Chris	100.00	713.20
05/24/26	Strmt Statement		0.00	713.20
TOTAL FAMILY BALANCE AS OF 05/17/2026:				713.20
YTD Finance Charges				0.00
YTD Late Charges				0.00
YTD Family Payments				350.00
YTD Insurance Payments				224.00

VISION RECEIPTS

Valid Receipt Sample

A valid receipt contains the following items:

1. Service description
2. Amount you're responsible for
3. Date of service
4. Service provider

Tips and Reminders:

- Warranty or protection plans are not eligible. Deduct the amount paid from the amount requested for reimbursement.
- Surgeries on the eye are most often considered medical expense(s). Please select medical as the expense type.

EyesWideOpen, Inc.

Jim Smith, OD
www.eyeswideopeninc.com

STATEMENT

DESCRIPTION	AM7	PENDING INSURANCE	ADJ	PATIENT FALANCE
New Comp. Exam	135.00	29.00	80.00	30.00
Refraction	25.00	13.50	111.50	15.20
Deluxe Frame ¹	145.00	130.00	3.80	15.20
Progressive VSP	539.00	389.00	200.00	200.00
Antf-Reflective Coating	100.00	42.00	58.00	58.00
UV Lens	29.00	19.00	10.00	10.00
Patient Credn Card	-313.20	0.00	-	-313.20

PLEASE PAY THIS AMT 0.00

PENDING INSURANCE 28.50

ACCOUNT BALANCE 28.50

⁴ PROVIDER: J. SMITH

³ DATE OF SERVICE: 04/15/2026

INVOICE: 13458

Invalid Vision Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts
3. Includes the payment date but not the date the service occurred

Vision Company

100 MAIN STREET
ANYTOWN, CA 00000
555-123-4567

Cashier: Krista

¹ TRANSACTION 00-1234-56

² TOTAL \$184.99

CREDIT CARD SALE \$184.99

VISA 4032

³ 14-JAN-2026 4:20:14P

\$184.99 | Method: SWIPED

VISA XXXXXXXXXXXX4032

Auth #:0123450

SIGNATURE VERIFIED

HEALTHCARE SUPPLIES RECEIPTS

TIP: Examples of eligible health care supplies include bandages, gauze, elastic wraps, braces, and supports. For online purchases, tax and shipping of eligible items are also eligible for reimbursement.

Valid Healthcare Supplies Receipt Sample

A valid receipt contains the following items:

1. Service provider
2. Date of purchase
3. Description of service or product
4. Amount of the product or service
5. Who the service or product is for

1- **shop.com**

2- ORDER PLACED: **MAY 15, 2026**
SHOP.COM ORDER NUMBER: 115-349134-38
ORDER TOTAL: \$17.42

SHIPPED ON MAY 16, 2026

3- ITEMS ORDERED: PRICE
1 OPTI-FREE REPLENISH MULTI-PURPOSE
DISINFECTING SOLUTION, 10 OZ, 2 CT \$15.98

4- ITEM(S) SUBTOTAL: \$15.98
SHIPPING & HANDLING: \$0.00
TOTAL BEFORE TAX: \$15.98
SALES TAX: \$1.44
TOTAL FOR THIS SHIPMENT: \$17.42

5- SHIPPING ADDRESS: **JUDY SMITH**
345 MAIN ST
W. BRANCH, CA 30495

Invalid Healthcare Supplies Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts

Corner Drug Store
100 MAIN STREET
ANYTOWN, CA 00000
555-123-4567
813 0609 0043 12/30/2016 7:06 PM

1- **TRANSACTION 00-1234-56**

2- **TOTAL 5.00**
VISA ACCT 1234 5.00
CHANGE .00

US DEBIT
Integrated Chip Card

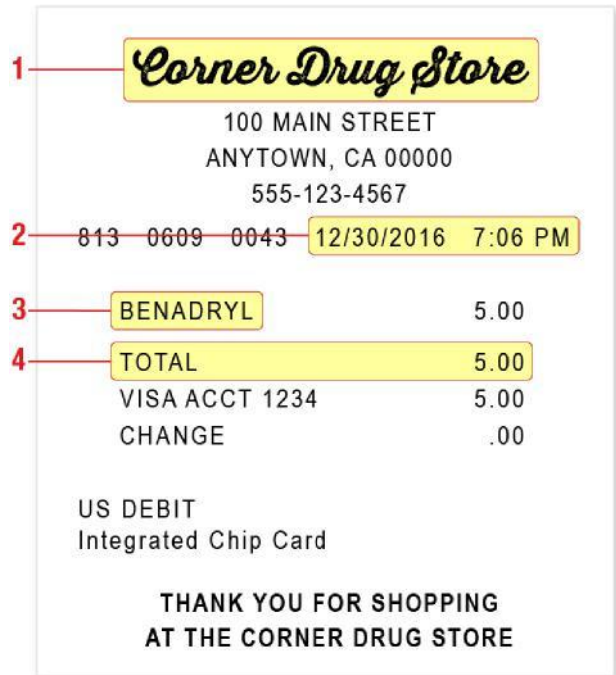
**THANK YOU FOR SHOPPING
AT THE CORNER DRUG STORE**

OVER-THE-COUNTER MEDICINE RECEIPTS

Valid OTC Receipt Sample

A valid receipt contains the following items:

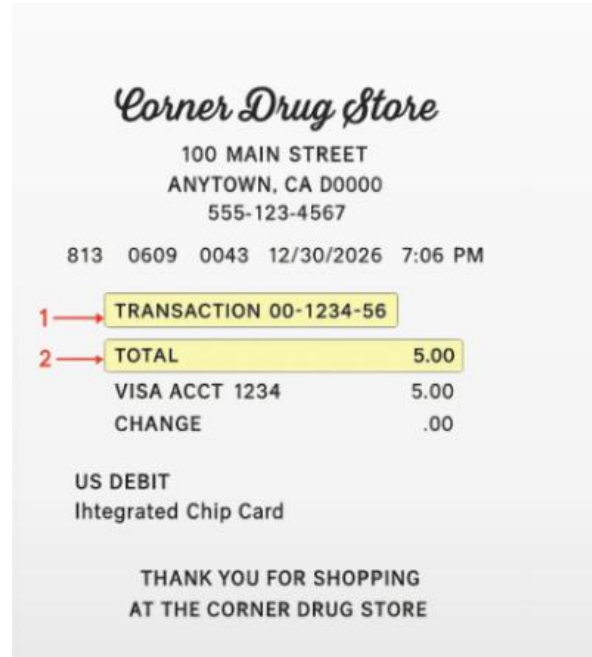
1. Retailer name
2. Date of purchase
3. Product description
4. Amount you're responsible for



Invalid OTC Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't include the specific amount for the itemized product being purchased



PRESCRIPTION DRUG RECEIPTS

TIP: Provide the receipt that the pharmacist attached to the prescription rather than the cash register receipt.

Valid Prescription Receipt Sample

A valid receipt contains the following items:

1. Service provider
2. Service date
3. Description of service or product
4. Amount you're responsible for

1 Center Pharmacy **2** DATE: 05/22/2025

RX+ 5452497 REFILL

3 CARVEDILOL 25 MG TABLET
GENERIC FOR: COREG 25 MG TABLET
MEDICARE

1294 MAIN ST,
EASTERN, GA 32455
PHONE. (333) 222-(11)

NO REFILLS
REMAINING

PRESCRIBER:
D. COUSINS

4 PRICE: \$2.95
YOUR INSURANCE BENEFIT SAVED YOU: \$1.05

Invalid Prescription Receipt Sample

Common problems with receipts:

1. Doesn't include a description of the product
2. Amount doesn't indicate how much you're responsible for after insurance or discounts

Corner Drug Store

100 MAIN STREET
ANYTOWN, CA 00000
555-123-4557

818 0509 0043 12/30/2025 7.06 PM

1 TRANSACTION 00-1234-56

TOTAL	5.00
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2 VISA ACCT 1234 5.00
CHANGE 00

US DEBIT
Integrated Chip Card

THANK YOU FOR SHOPPING
AT THE CORNER DRUG STORE

Expenses Incurred Outside of United States

To submit a claim for services received or products purchased outside of the United States, provide:

- Receipts and other documentation in English
- Expenses in U.S. dollars

If receipts and documentation are in another language besides English:

- They must be translated. You, the service provider, or someone else can do the translation.
- The translation can appear on the receipts and documentation, or in a separate document.

If you're unable to convert the expenses to U.S. dollars from another currency, submit them. Your Smart-Choice Account will convert the amounts to dollars.