

# How to File a Claim For Dependent Care



## Where to Begin:

- Log into your online account.
- If it is your first time visiting the site, choose **New User Registration** to select your user name and password.

## Collect an Itemized Receipt:

 Your claim documentation must include the following information:

- Dependent care **provider's name** and identifying information
- **Dependent's name**
- **Service period** covered by the payment
- **Payment amount**
- **Care being provided**, such as day care, after school care, nanny services

**Provider Statement:** If your dependent care provider doesn't provide an itemized receipt, you can have them complete and sign the Provider Statement on the back of this page to use as your receipt.

## Enter a New Claim:

 Entering a new claim is easy.

- Log into the CDH Portal and select **Claim Center**.
- Click on **Add New Claim** from the left-hand menu.
- Follow the four easy steps on the screen to enter information about your claim.
- Continue through the screens until the **Claim Submission Form** displays.
- **Print** the Claims Submission Form to use as your cover sheet, then fax it with your itemized receipts to the number shown on the form. You can also scan the receipts to your computer and email them to the address on the form, or mail them to our claims center through the postal service.

Print this Page

Claim Submission Form

Fax to: 800-886-6805 Date Filed: 05/07/2004  
Form #: 179 Control #: 1432

Thank you for completing the on-line claim submission. Please complete the following steps to conclude your submission process:

1. Copy receipt(s) associated with the charges in the box below. If receipt(s) do not fit in the space below then attach receipt(s) as separate sheet(s). A valid receipt can be an Explanation of Benefits (EOB) from your insurance company or an itemized statement from your service provider. The provider's statement must include the patient's name, description of service, date of service and amount charged. Cancelled checks and credit card receipts are not acceptable. Prescription and over the counter drug claims require a statement from the pharmacy that includes the drug name and pharmacy receipt.
2. Fax to 800-886-6805 and use this page as the cover page.
3. You will receive an e-mail confirming successful receipt of the fax. In addition less than 24 hours after the completed fax is sent, you will be able to view this document on-line.

ConnectCare will use the proprietary barcode above to match this page with the claim submitted on-line.  
Questions? Call 877-217-9023 or visit [www.connectcare.com](http://www.connectcare.com)

Thank you,  
ConnectCare Claims Department

Receipts:

**Receiving Reimbursements:** You are eligible to be reimbursed by check or direct deposit. For quicker reimbursement, sign up for direct deposit. Enter your direct deposit information into your online account.

## Important Information

- You may only submit receipts for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you can't request reimbursement until after the service is provided.
- Credit card receipts or cancelled checks are not considered sufficient documentation.

# Dependent Care Provider Statement



If the documentation your care provider gives you does not contain the required information (Provider's Name, Dependent's Name, Service Period, Payment Amount and Care Being Provided), simply ask them to complete this form for documentation.

<b>Employee Information</b>			
	Employee Name		Employer
<b>Dependent Information</b>			
	Dependent Name		Relationship to Employee
<b>Provider Information</b>			
	Provider Name		Provider Address
<b>Service Information</b>			
	Dates of Service From	Through	Amount Paid
<b>Provider Certification</b>	Provider Certifies: <ul style="list-style-type: none"> <li>I am a qualified care provider.</li> <li>I provided care as noted above and charged the amount listed.</li> </ul>		
	Provider Signature		Date

## Authorization and Certification

**Read carefully: This claim will not be processed without your signature.**

I certify that these expenses have been incurred by my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return. I further certify that dependent care expenses were incurred for the purpose of allowing me (and my spouse, if applicable) to be gainfully employed.

Dependent care expenses qualify if they are for the care of my children under age 13 or my other dependents who are physically or mentally incapable of caring for themselves and include anyone I claim on my Federal Income Tax return as a qualified IRS dependent. I certify these expenses were incurred so that I (and my spouse, if married) can work, look for work or so that my spouse can attend school full-time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Submission Instructions

You may submit this form and documentation via fax or mail.

- **Fax:** 866-879-0812 • **Mail:** Claims Department, 307 International Circle, Suite 200, Hunt Valley, MD 21030

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