



# Dependent Care Provider Receipt Form

THIS IS NOT A CLAIM FORM

Submission Guidelines
<ul style="list-style-type: none"> <li>• Use this form if you use a daycare provider that cannot provide a statement or receipt for services provided</li> <li>• For this form to be a valid receipt, your provider must sign and date the completed form</li> <li>• We cannot process dependent care requests before the first date of the actual service</li> <li>• The form must be accompanied by a completed Dependent Care Claim Form or uploaded to an electronic claim form when using online claim submission</li> </ul>

Participant Information
Name
Employer

Receipt Information	
Dates of Service From:        /        /        To:        /        /	Amount Paid * \$
Dependent Care Provider's Name	SSN or Tax ID#
<b>DEPENDENT CARE PROVIDER SIGNATURE</b> X	<b>Date</b> /        /

\*Amount paid should ONLY include the amount that was paid for eligible services provided during the time period listed. Eligible services include childcare (nursery, pre-school, or private sitter), before and after-school care, and day camp. For more information on eligible expenses please visit [BASICOnline.com/NEO](http://BASICOnline.com/NEO) or contact us at 1.800.775.3539.