

Discovery Benefits, Inc.
PO Box 2926
Fargo, ND 58108

Employer:
Employer Code:
Date:

Discovery Benefits Inc
DBI
2/6/2018

Email

NOTIFICATION OF DENIED CLAIM(S) FOR:

Sample Participant
123 Frontier Ave
Fargo, ND 01234

Sample Participant :

Submission Date: 1/28/2018
Date of Service: 1/27/2018
Denial Date: 2/5/2018
Provider/Merchant: DAKOTA PARTNERS
Recipient: Sample Participant
Denied Amount: \$71.57
Total Claim Amount: \$71.57

Claim Number	Plan Name	Total Paid	Total Pending	Total Denied
10708180128D0000101	Medical FSA Carryover 500 01/01/2018-12/31/2018	\$0.00	\$0.00	\$71.57

DENIAL EXPLANATION

DC24 - This claim, or a portion of this claim, cannot be approved because the date(s) and type(s) of service on the documentation provided was either missing or unclear.

ACTION REQUIRED

We want you to get the most use out of your benefits. Please log in to your online account and upload new documentation (e.g., an itemized receipt or statement) that includes the date(s) of service, type(s) of service, product(s) purchased and the dollar amount(s). (Note: Because credit card receipts don't contain all the required information, they can't be accepted as documentation.) If new documentation cannot be provided, this amount will either need to be offset or repaid within 72 days of the original transaction date or your benefits debit card(s) may be placed on a temporary hold.

Want to offset the amount?

- Upload documentation for other eligible expenses you have incurred within the same plan year. Please note that these should be expenses you paid for with a form of payment other than your benefits debit card and cannot be ones for which you have already been reimbursed.

Looking to repay the ineligible amount?

- Log in to your online account to use direct deposit to repay the claim in question.

If you disagree, in whole or in part, with our decision regarding your claim for benefits, and you are enrolled in a plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), you have the right to appeal our decision. Any appeal must be submitted within 180 days of the original denial date for this claim. To initiate an appeal, you (or your authorized representative) must send a written request to your Plan Administrator or Claims Administrator, as specified in the summary plan description via mail or e-mail using the Contact Information listed below. Your appeal must include your name, your employer's name, claim number, date of claim, amount of claim and the reason for your appeal. You may also include any additional comments, documents, records or other information or written comments in support of your appeal.

Upon request and free of charge, you will be provided (1) reasonable access to and copies of all documents, records and other information relevant to your claim; and (2) a copy of any specific rule, guideline or protocol relied upon in making the initial adverse benefit determination.

If you appeal our decision, the review will be conducted by someone who was not involved in the initial claim denial and who is not a subordinate of anyone who decided the initial claim denial. You will receive a response within 60 days of the date your appeal is received. If you do not agree with the final determination on review and your claim relates to a plan subject to ERISA, you have the right to bring a civil action under Section 502(a) of ERISA. However, you must exhaust the plan's review procedures before filing suit. In addition, any such action must be brought within the deadline described in your summary plan description. If your claims relates to a plan that is not subject to ERISA, you may have the right to appeal this decision. Review your benefit summary for a description of any appeal rights and procedures.

CONTACT INFORMATION

Discovery Benefits, Inc.
Participant Services
PO Box 2926
Fargo, ND 58108

Phone Number: 866-451-3399
Fax Number: 866-451-3245
Email Address: customerservice@discoverybenefits.com

Sample Participant
123 Frontier Ave
Fargo, ND 01234

Amount Due	Amount Enclosed
\$71.57	\$

Discovery Benefits, Inc.
PO Box 2926
Fargo, ND 58108

Claim Number: 10708180128D0000101

Detach and return this form with your payment.
Make check or money order payable to Discovery Benefits, Inc.. Please do not send cash.

Discovery Benefits, Inc.
Repayment Request

Date: 2/6/2018

Sample Participant:

You have received a pre-tax benefit/reimbursement for a claim that has been denied post-payment. These funds must be refunded to the applicable plan to comply with IRS requirements and avoid tax penalties. See the attached denial letter for more information regarding the claim, reason for denial and your rights under the plan.

If you would like to repay the portion of this claim that was not approved by using the direct deposit account you have on file, you can visit <https://dbi.navigatorsuite.com>. If you access your account through a different website, please log in through that website. After logging in, you can locate the claim under the Message Center on the Home tab. Simply click Repay to start the process.

**Please note, you need to have a validated direct deposit account on file in order to repay the claim using this method. If you do not have a direct deposit account on file or you have not yet validated your direct deposit account, you must log into your online account and complete the necessary steps for setting up and validating your direct deposit account.

Plan Name:	Medical FSA Carryover 500 01/01/2018-12/31/2018	Total Claim Amount:	\$71.57
Submission Date	1/28/2018	Approved Amount:	\$0.00
Date of Service:	1/27/2018	Denied Amount:	\$71.57
Claim Number:	10708180128D0000101	Repaid Amount:	\$0.00
		Amount Due:	\$71.57

Additional information:

For more information please contact:

Discovery Benefits, Inc.
Participant Services
PO Box 2926
Fargo, ND 58108

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