



Day Care FSA Receipt for Services

If your dependent care provider does not offer formal receipts, you may use this form to document services provided. Simply have the service provider complete this form, save a copy for your tax records, and submit a completed copy with your claim form to Navia.

Employee Information

Last Name, First Name	SSN / Employee ID #
Employer Name	Email Address

Service Information

Service Information:	
Provider Name	Provider's Tax ID or SSN#
Type of Service	Dependent Name and Age
Dates of Service (must be within current Plan Year)	Amount Charged
____/____/____ through ____/____/____	
<p>The above information is true and correct.</p> <p>_____ Provider Signature</p> <p>_____ Date</p>	

Email: claims@naviabenefits.com
Fax: (425) 451-7002 or toll-free (866) 535-9227
Customer Service Line: (425) 452-3500 or (800) 669-3539