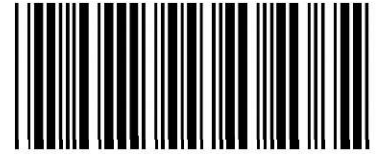




DEPENDENT CARE ONLINE CLAIM FORM
Online Pay Me Back Proof of Service

login.wageworks.com



TOLL-FREE FAX: (877) 353 - 9236

FAX EACH CLAIM FORM SEPARATELY TO ENSURE QUICK PROCESSING.

Or, mail to Claims Administrator, PO Box 14053, Lexington, KY 40512

Claim ID: **S-DCO127568857**

Account Holder: **Siddhartha Dadana**

Program Sponsor: FINRA, the Financial Industry Regulatory Authority

CERTIFICATION AND AUTHORIZATION

By submitting this form, I certify that the information on this form is accurate and complete. I am requesting reimbursement for work-related expenses incurred by an eligible dependant (for a child under the age of 13 or other dependents that are physically and mentally incapable of taking care of themselves) while I was a participant in the plan. These services have already been provided and I have not and will not seek reimbursement of this expense from any other plan or party. Use of this service indicates my acceptance of the user agreement on the program's website.

INSTRUCTIONS:

- 1 Fax only ONE FORM and its corresponding appropriate proof of service at a time.
- 2 Submit this form along with the appropriate proof of service (such as an itemized bill or explanation of benefits that contains: date of service, description of service, provider name, cost, and name of person receiving care).

Provider name: **Everbrook Academy**

Date of Service: **7/18/2022**

Total Claim: **\$10,150.40**

Service Description	Dependent Name	Amount
1 Child care	Dhruv Dadana (Child)	\$10,150.40
Total This Claim Form:		\$10,150.40

Signature of Provider _____ Date _____

Certifies services provided. Not required. Replaces need for receipt or other proof of service.

Note: All information will be verified (and corrected, if necessary) when your claim form is processed.

YOUR PROVIDER'S SIGNATURE OR RECEIPT IS NEEDED TO COMPLETE THIS CLAIM!

This claim cannot be processed without your receipt or proof of expense.

Your receipt must be received by a plan's claim deadline in order to be considered for payment.



4604-VA Ashburn
21684 Romans Dr
Ashburn VA 20147
5715108735
Tax ID: 364500741

Ancha Family
Family ID: 721266

Charges:

Total Tuition:	11302.90
Total Discounts:	-1172.50
Total Fees and Other Charges:	20.00
Total Charges for 2022:	10150.40

Payments:

Total Payments for Vennela Rao Ancha:	10304.20
Total Payments for remainder:	0.00
Total Bad Debt Recovery:	0.00
Total Bad Debt:	0.00
Total Payments for 2022:	10304.20