

**DEPENDENT CARE RECEIPT**

*Please Print*

Received from (Parent's Name)  
payment for dependent care services for the period \_\_\_\_\_ to \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ .

\_\_\_\_\_  
Name of Facility or Person Providing Care

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

Dependent Care Receipts must be uploaded with claims submitted online in the Consumer Portal or must accompany the claim confirmation page, which can be printed after claim information is entered in the Consumer Portal, for claims submitted using alternate methods.

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in the amount of \$ \_\_\_\_\_ .

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Name of Facility or Person Providing Care

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

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**DEPENDENT CARE RECEIPT**

*Please print*

Received from (Parent's Name/Account Holder's Name): \_\_\_\_\_

For payment of dependent care services for the following dates and amounts:

Dates of Care	Child's Name/Dependent	Amount Charge/Paid

\_\_\_\_\_  
Signature of Provider or Facility providing care

\_\_\_\_\_  
Date

Dependent Care Receipts must be uploaded with claims submitted online in the Consumer Portal or must accompany the claim confirmation page, which can be printed after claim information is entered in the Consumer Portal, for claims submitted using alternate methods.