

Medical Reimbursement Request



In order to prevent delays in claim processing, please make sure all areas are completed and supporting documentations are included. All supporting documents should:

- 1) BE COPIED ON LETTER SIZE PAPER (8 ½ X 11);
- 2) PROVIDE THE DATES OF SERVICE;
- 3) DESCRIPTION OF SERVICE;
- 4) PROVIDERS NAME;
- 5) THE AMOUNT CHARGED FOR THE SERVICE; 6) THE PATIENT'S NAME.

Please be aware that **CANCELLED CHECKS** or **CREDIT CARD RECEIPTS** will not substantiate an expense being incurred, only that a payment was made. Claim must be at least \$20.00 to process. **DO NOT SEND ORIGINAL RECEIPTS.**

*Employer Name: _____

*Employee Name: _____

*Social Security Number: _____ Birth Date: _____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

Email Address: _____

Mobile/Cell Number: _____ Work Number: _____

Select account claim should be paid out of:

DCA

FSA

HRA

WEL

TRN

IIR

Limited-FSA

HRA – Rollover

Deduct from Previous Plan Year

Insurance Premiums: \$ _____

Medical: \$ _____

RX: \$ _____

Dental/Vision: \$ _____

Other: \$ _____

Transportation: \$ _____ *(Must attach Medical Mileage log)*

***Total Amount of Benefit Claim \$ _____**

Your claim will be processed based on the date claim is received. Please confirm with your financial institution concerning your direct deposit. Febco cannot guarantee delivery of checks received thru the mail, there is a \$30.00 cancel and reissue fee charged by the bank for all lost checks. Should you not receive your reimbursement, please contact our office immediately at (800)489-1539.

To the best of my knowledge and belief, my statements in this reimbursement request are complete and true. Furthermore, I certify that these expenses have not been previously reimbursed on this or any other benefit plan, and will not be claimed as an income tax deduction. I authorize FEBCO, Inc. to reduce my flexible spending account by the amount requested.

Employee Signature: _____ Date: _____

If you have questions, feel free to call **Febco, Inc.** toll-free 1-800-489-1539.

Customer Service is available to assist you, Monday through Friday, 8:00 A.M. until 4:30 P.M., Eastern Time.

Please fax this form to: 502-695-9692