

RECURRING EXPENSE TRANSACTION FORM PLAN

Instructions:

1. Complete this form to apply for automatic approval of an eligible expense that is incurred **at the same merchant in the same amount (recurring expense)**
2. Attach a receipt from the provider or pharmacy containing the recurring amount and
3. A description of the item or service, and
4. The frequency of purchases (monthly, quarterly, etc.)
5. Transactions that exactly match a single copayment are already set-up for automatic approval (this form is not needed for those).

**A new Recurring Expense Transaction
Form is needed each new Plan Year**

Employer Name _____

Employee Name _____

Employee Social Security # _____

Phone Number _____

Current Mailing Address _____

Street

City State ZIP

- Complete recurring expense information below
- Attach information, receipts confirming the Expenses
- Submit to Medcom via FAX or mail

P.O. Box 10269
Jacksonville, FL 32247-0269
Toll Free Fax: (877) 723-0149

Questions? Call Customer Service
(800) 523-7542, option 1

Recurring Expense Transaction (name of item or service; prescription name)	Provider's Name (where purchase made)	Recurring Amount	Frequency Purchased (Monthly, Quarterly etc.)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Employee Signature _____
Date _____

*Please Note: This is not a guarantee of waiver for substantiation requests on this purchase. This is a review of your purchase to establish claim eligibility. Changing the merchant or merchant locations will require you to send an additional form to Medcom.
Please Remember! A recurring expense transaction must be swiped at the same provider (merchant) for the same amount.



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Customer Service
Monday - Friday
8:30 AM to 5:00 PM (EST)
Email: MedcomReceipts@medcom.net