Recurring Expense Form

Medcom BENEFIT SOLUTIONS

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 containing the recurring amount and a description of the item or service, and
3. The frequency of purchases (monthly, quarterly, etc.)
4. Transactions that exactly match a single copayment are already setup for automatic approval (this form is not needed for those).

Note: You must have already had a transaction on your account (approved or denied) for a Recurring Expense to be setup.

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

Employer Name _____

Employee Name _____

Employee Social Security # _____

- **Complete recurring expense information below**
- **Attach receipts confirming the expenses**
- **Submit to Medcom via one of the following methods:**
  o **Online portal:** *https://medcom.wealthcareportal.com*
  o **Mobile app:** just search "Medcom" in your app store
  o **Fax:** (877) 723-0149
  o **Email:** *MedcomReceipts@medcombenefits.com*

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

Employee Signature _____   **Date** _____