

Repetitive Transaction Expense Form



Instructions:

1. Complete this form to apply for automatic approval of an eligible expense that **repeats at the same merchant in the same amount**
2. Attach a receipt from the provider or pharmacy containing the repetitive amount and
 - a. A description of the item or service, and
 - b. The frequency of purchases (monthly, quarterly, etc)
3. Transactions that exactly match a single copayment are already set-up for automatic approval and this form is not needed for those
4. A new Repetitive Transaction Expense Form is needed each new Plan Year when you reenroll.

Employer Name _____

Employee Name _____

Employee Social Security # _____

Phone Number _____

Current Mailing Address _____

Street _____

City _____ State _____ ZIP _____

- **Attach information, receipts confirming above information**
 - **Submit to Medcom via FAX or mail**

**P.O. Box 10269
Jacksonville, FL 32247-0269
Fax: (904) 421-3696**

**Questions? Call Customer Service
800-523-7542
866-598-7800
904-596-4500**

Repetitive Transaction Expense (name of item or service; prescription name)

Provider's Name

Repetitive 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 such purchase to establish claim eligibility. Changing vendors or vendor locations will require you to send an additional form to Medcom.

Please Remember! A repetitive transaction must be swiped at the same provider for the same amount.