

REIMBURSEMENT TIPS

Tips to ensure prompt and accurate reimbursements.

- Incomplete Requests for Reimbursement will delay processing.
- Use only your personalized Request for Reimbursement Form. **Please duplicate this Form for future requests.** (*Non-conforming reimbursement forms will be rejected.*) One request form can be used for multiple expenses.
- When completing the Request for Reimbursement Form enter each different expense on a separate line, identifying the date of service, the benefit type, the service type, and the service provider. **Dates of Service always represents the date your services are incurred or rendered.**
- All of the benefit types in which you are enrolled will be listed at the bottom of the Request for Reimbursement Form, along with a corresponding Benefit Code. Place the appropriate code in the box marked Benefit Code. All boxes must be completed on each line for which you are requesting a reimbursement.
- Enter the appropriate service type code: Aesthesia (AN), Capital expenses (CE), Chiropractic (CC), Dental - preventative (DP), Dependent Care (DC), Homeopathic (HC), Hospital services (HS), Independent Insurance (IP), Laboratory (LB), Medical co-insurance (CI), Medical insurance co-pay (CP), Medical insurance deductible (DD), Medical lodging (ML), Medical mileage (MM), Medical - preventative (MP), Medical supplies (MS), Orthodontia (OX), OTC Drugs (OT), Outpatient Service (OP), Physician Medical Fees (MF), Prescription (RX), Transportation (TR), Vision - eyewear (VE), Vision - routine (VR), and X-ray (XR).
- Enter the amount requested for each Benefit Code in the Request Amount box for that benefit.
- **You must sign** each Request for Reimbursement Form and/or *VeriFlex* Cover Sheet submitted FlexSystem.
- Although reimbursements may be processed prior to expense substantiation (if offered by your employer), all medical expenses must be substantiated by the Participant and verified by FlexSystem. Fax or mail the receipts with your Request for Reimbursement Form faxed to FlexSystem at **608-663-2762** or mailed to **TASC, P.O. Box 7308, Madison, WI 53707-7308.**
- If submitting requests on-line, submit your substantiation documents with the *VeriFlex* Cover Sheet, available from the web site after submission of Requests for Reimbursement. Forward the *VeriFlex* Cover Sheet with the substantiation documentation by fax (1-800-296-3529) or mail (FlexSystem, PO Box 8837, 2302 International Lane, Madison, WI 53704-8837). **Caution:** This toll-free fax number is for **VeriFlex Cover Sheets and substantiating documents only.** All other documents sent to this number **will be destroyed.**
- While supporting documentation may not be required for your non-medical Request for Reimbursement, nevertheless all Participants are expected to maintain supporting records and documents to validate the expense type and amount. FlexSystem may require additional information or documentation prior to processing a claim.
- FlexSystem daily processes checks and Requests for Reimbursement, which when received at TASC by noon CST will be processed that business day, with a corresponding payment issued the following business day.
- Access Participants' account status information on the Internet (at www.accesstasc.com and click on the link), or on FlexSystem's Interactive Voice Response System (at 1-800-422-4661, and press 3). Participants will need their Client ID, Participant ID and Pin Number to access this information.



REQUEST FOR REIMBURSEMENT

For each request entered, all boxes must be completed. Please check the appropriate box to indicate all attached receipts or substantiating documents.

Rec. Attach	Date of Service (not billing or paid date)			Benefit Code	Service Type		Request Amount	Service Provider(s)
	Month	Day	Year		Code	Code		
<input checked="" type="checkbox"/>	1	2	05	03	M	R X	83.18	Walgreens
<input checked="" type="checkbox"/>	1	2	10	03	M	C P	60.00	Dr. Jones
<input checked="" type="checkbox"/>	1	2	11	03	M	D P	116.99	Dr. Carter
<input checked="" type="checkbox"/>	1	2	18	03	D	D C	208.33	Kid Keepers Center

BENEFIT CODES

M - MEDICAL EXPENSE - OUT OF POCKET

D - DEPENDENT CARE/DAY CARE