13785

Reimbursement Form

Participant TASC ID

Client Name

Submit Requests for Reimbursements:

a. By Fax: 608-661-9601

b. Or by Mail: TASC
PO Box 7308
Madison, WI 53707-7308

Date of Service (not billing or paid date)	Service Type *	Expense Type *	Request Amount	Patient Name (please print)	Description
__/__/__	__	__	____.__		
__/__/__	__	__	____.__		
__/__/__	__	__	____.__		
__/__/__	__	__	____.__		

In order to send reimbursements directly to a provider, sign in to your account at www.tasconline.com and select Pay a Provider.

To the best of my knowledge and belief, all statements and information provided with this Request for Reimbursement are complete and true. I have read and understand the Terms of Use for my account and certify that I am requesting reimbursement for eligible expenses incurred by eligible persons as allowed under the Terms of Use for my account. For tax-free reimbursements, I certify that these expenses have not been previously reimbursed by any other source, and they will not be submitted as deductible expenses when I file my personal tax returns. I understand I am responsible for retaining copies of all receipts and will provide a copy when required and as allowed by law. I authorize my Accounts to be reduced by the amounts in this Reimbursement Request.

EmployeeSignature(required)

Date __/__/__

UNIVERSAL

Service & Expense Codes

Service Codes in bold Expense Codes in plain text

Dental – DN
Coinsurance - CI
Copay - CP
Deductible - DE
Medical Travel - MT
Orthodontia - OR
OTC -OT
Prescription - RX
Uninsured Expenses - UE

Dependent Care - DC
Dependent Care - DC

Medical - ME
Coinsurance - CI
Copay - CP
Counseling - CO
Deductible - DE
Gym Membership - GM
Medical Travel - MT
OTC - OT
Prescription - RX
Smoking Cessation - SC
Uninsured Expenses - UE
Weight Loss - WL

Other - OH
Coinsurance - CI
Copay - CP
Deductible - DE
Gym Membership - GM
Medical Travel - MT
Prescription - RX
Uninsured Expenses - UE

Vision - VI
Coinsurance - CI
Copay - CP
Deductible - DE
Eyewear - EW
Medical Travel - MT
OTC - OT
Prescription - RX
Uninsured Expenses - UE

Wellness - WS
Gym Membership - GM
Smoking Cessation - SC
Uninsured Expenses - UE
Weight Loss - WL

Codes are applicable to all Benefit Accounts.
Please choose from those applicable to your specific Account election(s).

The information in this communication is confidential and may only be used by the authorized recipient for its intended purpose. Any other use or disclosure is prohibited.