

Health Care FSA Claim

MAIL: PO BOX 7500 CHAMPAIGN, IL 61826-7500 **FAX:** 877-760-7076

ONLINE:

www.mvwealthcareonline.com/bpcinc

PHONE: 877-272-8880



employer:				-
Participant Name (please print):		SSN: X X	<u>X</u> – <u>X</u> <u>X</u> –	
Day Time Phone Number: ()		Email Address	s:	
☐ I have Changed My Address				
NOTE: Please do not send original documentation of BPC and will not be returned to you. The IRS h balance statements, as well as charge card red MUST have been incurred during the coverage the date of service, service provided/or item pure	as determined that cance ceipts or statements are e period. All submitted	lled checks, check carbo NOT acceptable docu pills/receipts/stateme	ons, balance forward mentation of expe ent/EOB must be i	d or previous enses. Expenses temized with
Expense Description	Dates of Service (From—To)	Provider	Claimant/ Patient	Amount of Purchase
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
AMOUNT REQUESTED:				\$
I have included supporting documentation from an independ expense. By my signature below, I certify that all of the expen	Spending ent third party verifying that th			

I have included supporting documentation from an independent third party verifying that the eligible expense(s) has/have been incurred in the amount of the listed expense. By my signature below, I certify that all of the expenses listed on this form are valid and eligible and have been incurred by myself and/or my spouse and/or my eligible dependents. The expense(s) has/have not been discounted via coupon, rebate or other discount program, nor reimbursed in any way, and I will not seek reimbursement. I understand that the expense(s) for which I am reimbursed may not be used as deductions or credits on my, or my spouse's, income tax return. If I have inadvertently received payment for an ineligible expense or have been incorrectly reimbursed, I agree to provide repayment to the Plan.

A signature is required on each claim form that is submitted.

Participant Signature: _____ Date Submitted: _____



CONTACT
YOUR
SPECIALIST

www.bpcinc.com/contact