

Benefit Debit Card Receipt Submission Form



Important – Please Read:

- With the benefit debit card, we occasionally require verification of charges. In those cases, we send a Receipt Request letter to participants.
- This form is designed for benefit debit card users who would prefer to submit their receipts immediately, in case verification is needed, rather than wait for a receipt request letter.
- Sending your benefit debit card receipts in advance using this form is optional. If you use this form, the following is a list of the required documentation:
 - **For healthcare services:** a copy of the insurance Explanation of Benefits (EOB), billing statements, or account histories for services you have received. Be sure documentation includes the date of service, description of expense, and charges less insurance and discounts.
 - **For prescriptions:** a copy of the prescription slip or a printout from the pharmacy that includes the date, drug name, and amount.
 - **For over-the-counter medications:** a copy of the cash register receipt showing the date, description, and amount.
- This form is **not** a request for reimbursement. We will not reimburse expenses submitted on this form.
- Please send photocopies, not original documentation. (You are required to save all your original receipts.)
- One form may be used for multiple receipts.

Employee Information

Employer _____ PSA Member ID Number _____
 Last Name _____ First Name _____ Middle Initial _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work/Cell Phone _____ Today's Date _____

Please check if address above is new

Benefit Debit Card Receipt Details

Amount	Charge Date	Merchant Name
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

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