

# Debit Card Refund Submission Form



## Important – Please Read:

ONLY USE THIS FORM IF YOU ARE ATTACHING A CHECK OR MONEY ORDER

- Occasionally with the benefit debit card, an account adjustment must be made when a service has been determined to be ineligible or you are unable to substantiate a prior service.
- When you submit your refund to PacificSource Administrators, the funds will be put back into your account for you to use for eligible expenses.
- Remit a check or money order made payable to PacificSource Administrators and mail it, along with a copy of this notice, to **PacificSource Administrators Refunds, PO Box 70168, Springfield, OR 97475.**
- 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 Adjustment Details

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

### PacificSource Administrators Refunds

PO Box 70168, Springfield, OR 97475  
Phone (541) 485-7488 | (800) 422-7038 | FAX (866) 446-6090

[PacificSource.com/PSA](http://PacificSource.com/PSA)