

# Recurring Expense Form

Instructions:

1. Complete this form to apply for automatic approval of an eligible expense recurring at the same merchant in the same amount
2. Attach a receipt from the provider or pharmacy containing the recurring amount and
  - a. A description of the item or service, and
  - b. The frequency of purchases (monthly, quarterly, etc)
3. Transactions that exactly match a single copayment are already set-up for automatic approval and this form is not needed for those
4. A new Recurring Expense Form is needed each new Plan Year when you reenroll.

**Employer Name** \_\_\_\_\_

**Employee Name** \_\_\_\_\_

**Employee Social Security #** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_

Street

City

State

ZIP

\_\_\_\_\_  
**Recurring Expense (name of item  
or service; prescription name)**

\$

\_\_\_\_\_  
**Recurring  
Amount**

\_\_\_\_\_  
**Frequency Purchased  
(Monthly, Quarterly etc)**

**Provider's Name** \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

- **Attach information, receipts confirming above information**
  - **Submit to Medcom via FAX or mail**

**P.O. Box 10269  
Jacksonville, FL 32247-0269  
Fax: (904) 421-3696**

**Questions? Call Customer Service  
800-523-7542  
866-598-7800  
904-596-4500**

\*Please Note: This is not a guarantee of waiver for substantiation requests on this purchase; this is a review of such purchase to establish claim eligibility. Changing vendors or vendor locations will require you to send an additional form to Medcom.