



Recurring Expense Transaction Form

Instructions:

1. Complete this form to apply for automatic approval of an eligible expense that is incurred **at the same merchant in the same amount (recurring expense)**
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 (this form is not needed for those).

A new Recurring Expense Transaction Form is needed each new Plan Year

Employer Name _____

Employee Name _____

Employee Social Security # _____

Phone Number _____

Current Mailing Address _____

Street _____

City _____ State _____ ZIP _____

- **Complete recurring expense information below**
- **Attach information, receipts confirming the expenses**
 - **Submit to Medcom via FAX or mail**

**P.O. Box 10269
 Jacksonville, FL 32247-0269
 Fax: (904) 421-3696
 Toll Free Fax: (866) 598-7800**

**Questions? Call Customer Service
 (800) 523-7542
 (904) 596-4500**

Recurring Expense Transaction (name of item or service; prescription name)

Provider's Name (where purchase made)

Recurring Amount

Frequency Purchased (Monthly, Quarterly etc)

		\$	
		\$	
		\$	
		\$	
		\$	

Employee Signature

Date

*Please Note: This is not a guarantee of waiver for substantiation requests on this purchase. This is a review of your purchase to establish claim eligibility. Changing the merchant or merchant locations will require you to send an additional form to Medcom.
Please Remember! A recurring expense transaction must be swiped at the same provider (merchant) for the same amount.