13785

Reimbursement Form

Participant TASC ID

Client Name

Submit Requests for Reimbursements:

a. By Fax: 608-661-9601

b. Or by Mail: TASC
PO Box 7308
Madison, WI 53707-7308

Date of Service (not billing or paid date)	Service Type *	Expense Type *	Request Amount	Patient Name (please print)	Description
__/__/__	__	__	____.__		
__/__/__	__	__	____.__		
__/__/__	__	__	____.__		
__/__/__	__	__	____.__		

In order to send reimbursements directly to a provider, sign in to your account at www.tasconline.com and select Pay a Provider.

To the best of my knowledge and belief, all statements and information provided with this Request for Reimbursement are complete and true. I have read and understand the Terms of Use for my account and certify that I am requesting reimbursement for eligible expenses incurred by eligible persons as allowed under the Terms of Use for my account. For tax-free reimbursements, I certify that these expenses have not been previously reimbursed by any other source, and they will not be submitted as deductible expenses when I file my personal tax returns. I understand I am responsible for retaining copies of all receipts and will provide a copy when required and as allowed by law. I authorize my Accounts to be reduced by the amounts in this Reimbursement Request.

EmployeeSignature(required)

Date __/__/__

UNIVERSAL

Service & Expense Codes

Service Codes in bold
Expense Codes in plain text

Adoption - AD
Child Adoption – CA

Dental – DN
Coinsurance - CI
Copay - CP
Deductible - DE
Medical Travel - MT
Orthodontia - OR
OTC -OT
Premium - PR
Prescription - RX
Uninsured Expenses - UE

Dependent Care - DC
Dependent Care - DC

Education - EA
Books - BO
Tuition - TU

Giving - GV
Charitable Giving - CG

Medical - ME
Coinsurance - CI
Copay - CP
Counseling - CO
Deductible - DE
Gym Membership - GM
Medical Travel - MT
OTC - OT
Premium - PR
Prescription - RX
Smoking Cessation - SC
Uninsured Expenses - UE
Weight Loss - WL

Other - OH
Coinsurance - CI
Continuing Education - CE
Copay - CP
Deductible - DE
Gym Membership - GM
Medical Travel - MT
Premium - PR
Prescription - RX
Tuition - TU
Uninsured Expenses - UE

Parking - PK
Parking - PK

Transit - TR

Vision - VI
Coinsurance - CI
Copay - CP
Deductible - DE
Eyewear - EW
Medical Travel - MT
OTC - OT
Premium - PR
Prescription - RX
Uninsured Expenses - UE

Wellness - WS
Gym Membership - GM
Premium - PR
Smoking Cessation - SC
Uninsured Expenses - UE
Weight Loss - WL

Codes are applicable to all Benefit Accounts.
Please choose from those applicable to your specific Account election(s).