



CARD USE VERIFICATION FORM

HEALTHCARE CARD Proof Of Service

Program Sponsor: Trinity Health

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TOLL-FREE FAX: 877-353-9236

Questions? login.wageworks.com

FAX THIS FORM AND ITS RECEIPT(S) TO ENSURE QUICK PROCESSING

Or, mail to Claims Administrator, PO Box 14053, Lexington, KY 40512

INSTRUCTIONS

IRS regulations require that 100% of your card transactions be verified (to show your plan benefits were used to pay for eligible expenses). If you are not able to verify your card transactions, then you are required to repay your account. Failure to submit sufficient proof or repayment may result in suspension or loss of your card privileges and possibly tax penalties.

- For each unverified card transaction below, do one of the following:
 - Submit a detailed / itemized receipt, health plan or insurance company Explanation of Benefits (EOB) or other proof of service. A credit card receipt is not sufficient.
 - Your detailed receipt must include: date of service, description of service, patient name, provider name and your cost (amount of patient financial responsibility).
 - Please note the corresponding CARD ID number on each receipt or substitute receipt to ensure desired processing.
 - Submit a repayment check in the amount of the unverified card transaction. Your check should be made out to: WageWorks.
- Submit this form along with your receipt or repayment check as soon as possible.

CERTIFICATION

I certify that the information on this form is accurate and complete.

ABOUT YOUR ORIGINAL CARD TRANSACTION			RECEIPT OR REPAYMENT NEEDED*	COMPLETE THIS SECTION FOR EACH ITEM YOU SUBMIT		CARD ID
Date	Merchant/Provider	Transaction Amount	Unverified Amount	What are you submitting for this card transaction?		Amount of Receipt or Check Submitted
18-Aug-2019	PNO CBO	\$102.15	\$102.15	<input type="checkbox"/> Actual Receipt OR <input type="checkbox"/> Substitute Receipt		\$
				<input type="checkbox"/> Check to Repay Amount		
21-May-2019	PNO CBO	\$268.61	\$268.61	<input type="checkbox"/> Actual Receipt OR <input type="checkbox"/> Substitute Receipt		\$
				<input type="checkbox"/> Check to Repay Amount		

* HOW TO RESOLVE A CARD TRANSACTION THAT REQUIRES A RECEIPT OR REPAYMENT

IRS regulations require that 100% of your card transactions be verified (to show your plan benefits were used to pay for eligible expenses).

Your options to resolve each card transaction listed above are:

- Submit a copy of the detailed receipt for the actual card transaction** that contains the service date, service description, patient name, provider name and your cost.
- Submit a copy of any number of substitute receipt(s)** for any eligible products and services that you did not and will not pay for using funds in your health care account.
 - The receipt(s) must include the service date, service description, patient name, provider name and your cost (amount of patient financial responsibility).
 - The substitute receipt(s) must be for an eligible expense incurred by an eligible dependent during the same coverage period as the card transaction to be verified.
- Send a check to repay your account** for the above amount if you no longer have the detailed receipt or if you accidentally used your card to pay for ineligible expenses.
 - The amount that is repaid will be available to pay for other eligible expenses you incur during your plan year.

Any amount of card transactions that remains unverified 90 days after the card transaction date will be automatically deducted from any future Pay Me Back claim payments.

Reminder: Failure to submit appropriate proof or repayment for your card transactions will result in suspension / loss of your card privileges and possibly tax penalties.

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