Request for Reimbursement / Claim Form

☐ Please check here if this is a new mailing or email address

DataPath Administrative Services

Employer Name (Please Print) _____

Employee Last Name (Please Print) _____ First Name _____ Middle Initial ___

Social Security Number _____ Home Phone (_____)_____ Work Phone (_____)_____

Employee E-mail Address (if any)_____

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim. All information below must be completed.

Medical Expense Claims

Service Date (mm/dd/yyyy)	Patient Name	Patient Social Security #	Relationship	Provider Name	Description of Service	Amount
						$
						$
						$
						$
						$
						$
					Total	$

Dependent Care (Child Care) Claims

Service Period From	To	Dependent Name	Age	Provider Name	Provider Address	Provider Tax ID#/SS#	Amount
							$
							$
							$
							$
						Total	$

Individually Owned Health Insurance Claims

Premium Expense		Name of Person Premium Covers	Insurance Carrier Name	Description of Policy	Amount
					$
					$
				Total	$

Employee's Certification for Reimbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependent(s), were no reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: _____ **Date:** _____ /_____ /_____
mm/dd/yy

DataPath Administrative Services, Inc. 1601 Westpark Drive, Ste 9 Little Rock, AR 72204

Phone 501-687-6954 Fax 501-687-3282 | benefits@datapathadmin.com | www.datapathadmin.com

For fastest reimbursement, please FAX or EMAIL your claim forms.