Debit Card Substantiation Request Form/Claim Form

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

Employer Name (Please Print) _____

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

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

Address _____ City _____ State _____ Zip _____

Employee E mail Address (if any)_____

Please read the Reimbursement Account Rules and Claim Filing Instructions provided online before completing this claim. ***Information below must be completed.***

Medical Expense Claims

mySourceCard® used in transaction?	Date of Service	Patient Name	Relationship	Provider	Description of Service	Amount
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
					Total	$

Employee's Certification for Reimbursement

I certify that the expenses for reimbursement indicated on this substantiation form were incurred by me (and/or my spouse and/or eligible dependents), and were not reimbursed by any other plan nor will I seek reimbursement from any other source. To the best of my knowledge and belief, the expenses are eligible for reimbursement under my Reimbursement Plans. 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

© 2014 DataPath, Inc.

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