Reimbursement Form

13785

Participant TASC ID

Client Name OSU

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

Follow these steps when requesting reimbursement:

- Include TASC ID, which can be found on TASC Card.
- List employee first and last name as well as home address on the lines below "Client Name"
- Provide detailed information on expense to be reimbursed.
- Sign and date the completed form.

Service & Expense Types

Service Types in bold
Expense Types in plain text

Dental – DN

Coinsurance – CI
Copay – CP
Deductible – DE
Orthodontia – OR
OTC – OT
Prescription – RX
Uninsured Expenses – UE

Dependent Care – DC

Dependent Care – DC

Medical – ME

Coinsurance – CI
Copay – CP
Deductible – DE
OTC – OT
Prescription – RX
Uninsured Expenses – UE

Vision – VI

Coinsurance – CI
Copay – CP
Deductible – DE
OTC – OT
Prescription – RX
Uninsured Expenses – UE

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