Recurring Expense Form

Instructions:

1. Complete this form to apply for automatic approval of an eligible expense that is incurred **at the same merchant in the same amount (recurring expense)**
2. Attach a receipt from the provider containing the recurring amount and a description of the item or service, and
3. The frequency of purchases (monthly, quarterly, etc.)
4. Transactions that exactly match a single copayment are already setup for automatic approval (this form is not needed for those).
5. Note: You must have already had a transaction on your account (approved or denied) for a Recurring Expense to be setup.

<div align="center">

A New Recurring Expense Transaction
Form is needed each new Plan Year

</div>

Employer Name _____

Employee Name _____

Employee Social Security # _____

- Complete recurring expense information below
- Attach receipts confirming the expenses
- Submit to Medcom via one of the following methods:
  - o Online portal: https://medcom.wealthcareportal.com
  - o Mobile app: just search "Medcom" in your app store
  - o Fax: (877) 723-0149
  - o Email:

Recurring Expense Transaction (name of item or service)	Provider's Name (where purchase is made)	Recurring Amount	Frequency Purchased (Monthly, Quarterly etc.)
_____	_____	$ _____	_____
_____	_____	$ _____	_____
_____	_____	$ _____	_____

Consumer Driven Health Plans

Contact us:
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