

Q&A: Receipt Request Timeline

Q. When can I expect to receive receipt request letters?

- A. You will receive letters requesting documentation regarding a purchase if it is not a copayment corresponding with your employer's group medical plan, a multiple up to 5 times a copayment, or a transaction that has not been setup as a recurring expense. This letter will ask you to submit a receipt within 20 days. Receipts should be itemized and must include the following information:
- The name of the healthcare provider
 - Date of service (the date of service is the date the service is rendered and not the date the service is paid for)
 - The patient's name
 - An itemized listing of the products or services provided
 - The total cost of the products or services
 - The amount covered by insurance
 - The amount for which the patient is responsible

You may choose to submit an **Explanation of Benefits** (EOB) from your insurance carrier in place of the receipt. The EOB typically includes all the required information.

Q. How much time do I have to provide the receipts?

- A. If the receipt is not received and processed within 20 days from the date of the first letter, a **second** request letter will be sent. If the receipt is not received and processed within 20 days from the date of the second letter, a **third** request letter will be sent. If the receipt is not received and processed within 20 days from the date of the third letter, **your card will be deactivated**, and a final letter will be sent to you explaining the status of your card. **Your card will be reactivated once you provide a sufficient receipt to approve the transaction.**

Q. What if the documentation is insufficient?

- A. If insufficient documentation is submitted at any time, you will receive a letter to inform you that the documentation was insufficient. This letter will ask you to submit a sufficient receipt within 20 days. If the receipt is not received and processed within 20 days from the date of this letter, the transaction will be classified as "ineligible." You will receive a letter informing you that the transaction is ineligible and asking you to respond within 20 days. At this point, you have the option of submitting additional documentation or repaying the plan for the expense(s). **If a receipt or payment is not received and processed within 20 days from the date of the "ineligible letter," your card will be deactivated.** You will receive a letter indicating your card has been deactivated. You can either submit a sufficient receipt or repay the plan in order to have your card reactivated. Online repayment is available at medcom.wealthcareportal.com/ to set up a payment from your bank account, credit or debit card.

Q. What will happen if the expense is ineligible under the plan?

- A. If, at any time, you respond to one of the requests for receipts and the services included on the receipt are determined to be ineligible, you will receive a letter indicating the services were ineligible and asking you to repay the plan. You may either repay the plan via check or money order or offset the ineligible expense with other eligible expenses that you have paid for out of pocket. Once your payment or receipts to offset have been received and processed, your card will automatically be reactivated.

Please note if your card is deactivated for substantiation reasons and you have an email address on file, you will receive the "Card Deactivation Notice" both via email and regular mail.