

# Recurring Expense Transaction 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).

Note: You must have already had a transaction on your account (approved or denied) for a Recurring Expense to be setup

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Social Security # \_\_\_\_\_

- Complete recurring expense information below
- Attach information, receipts confirming the Expenses
- Submit to Medcom via fax or email

Toll Free Fax: (877) 723-0149  
Email: [MedcomReceipts@medcom.net](mailto:MedcomReceipts@medcom.net)

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*Please Note: This is not a guarantee of waiver for substantiation requests on this purchase. This is a review of your purchase to establish claim eligibility. Changing the merchant or merchant locations will require you to send an additional form to Medcom.

**Please Remember! A recurring expense transaction must be swiped at the same provider (merchant) for the same amount.**