CONSOCIATE HEALTH | GETMOR

'Receipt Required' Verification Form

To be used for unsubstantiated transactions. Incomplete forms will be returned.

Employee Name	Social Security or ID #	Employee Phone Number	
Employee Mailing Address (P.O. Box or St. Address)	City	State	Zipcode
Company/Employer Name	Employee Email		

☐ The enclosed documentation is to be used to OFFSET unsubstantiated or ineligible transactions for which I cannot provide receipts.

Date of Service	'Receipt Required' Transaction Amount	Medical Condition *	Complete Description of Eligible Expense Do not use abbreviated description from the receipt.

Acceptable Receipt

This receipt's line items are descriptive and show which SPECIFIC items were purchased

Unacceptable Receipt

This receipt does not provide any detailed information on what was purchased.

*** A description of the Medical Condition being addressed/alleviated is required.** Please note that expenses for "general health" are NOT eligible. However, for example, vitamins/minerals for the prevention of obesity, heart disease, etc. are an eligible expense since they are for the prevention of a specific medical condition/disease.

Supporting Documentation Needed - You must attach a receipt/statement of expense showing the type of service, the date of service and the amount of expense. For example, an Explanation of Benefits (EOB), an itemized physician bill, itemized receipt or some other sort of third party substantiation. Credit card signature slips and balance forward statements are not acceptable.

Email, fax or mail this completed form to **GetMOR@Consociate.com**