13785

Reimbursement Form

TASC®

Participant TASC ID

Client Name **Commonwealth of Massachusetts**

Submit Requests for Reimbursements:

a. By Fax: **(608) 245-3623**

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.massfsatasc.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.

Employee Signature (required)

Date __/__/__

UNIVERSAL

Service & Expense Codes

Service Codes in bold
Expense Codes in plain text

Dental-DN
Coinsurance-CI
Copay-CO
Deductible-DE
Medical Travel-MT
Orthodontia-OTR
Over the Counter-OT
Premium-PR
Prescription-RX
Uninsured Expenses-UE

Dependent Care-DC
Dependent Care-DC

Medical-ME
Coinsurance-CI
Copay-CP
Counseling-CO
Deductible-DE
Gym Membership-GM
Medical Travel-MT
Over the Counter-OT
Premium-PR
Prescription-RX
Smoking Cessation-SC
Uninsured Expenses-UE
Weight Loss-WL

Other-OH
Coinsurance-CI
Copay-CP
Deductible-DE
Gym Membership-GM
Medical Travel-MT
Premium-PR
Prescription-RX
Uninsured Expense-UE

Vision-VI
Coinsurance-CI
Copay-CP
Deductible-DE
Eyewear-EW
Medical Travel-MT
Over the Counter-OT
Premium-PR
Prescription-RX
Uninsured Expenses-UE

Wellness-WS
Gym Membership-GM
Premium-PR
Smoking Cessation-SC
Uninsured Expenses-UE
Weight Loss-WL

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