

Q&A: 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).

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

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

Employer Name Madison County School District
Employee Name _____
Employee Social Security # _____

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

| 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