CONTINUON SERVICES

FLEXIBLE SPENDING ACCOUNTS
PHONE: 1.877.747.4141
FAX: 1.866.593.7125

DEBIT CARD SUBSTANTIATION FORM

Please note: This is not a claim form. Use this form only when Continuon Services, LLC has requested a debit card receipt in order to substantiate a purchase. **If you do not respond to our request for substantiation, your debit card may be disabled. You may be asked to repay funds disbursed for an unsubstantiated claim.**

Instructions: Please complete all sections of the form. Include all requested receipts with this form. You must sign and date this form.

PERSONAL INFORMATION	
Employer's Name	**Date of Request**
Employee's Name	**Phone Number**
Employee SSN	**Best Time To Call**

PURCHASES SUBSTANTIATED WITH THIS FORM		
Date of Service	**Merchant/Provider**	**Amount**
		Total: $

Authorization
I certify that that the expenses listed above can be verified by reviewing the attached receipts and they are not reimbursable from any other source. I authorize Continuon Services, LLC to obtain the necessary information from all hospitals, physicians, daycare providers, employers, and any and all other agents in order to approve the claim for reimbursement under the terms of the plan as established by my employer in compliance with Federal Law.

Employee Signature: _____ **Date:** _____

P O Box 1379
Roswell, GA 30077-1379

© 2010 Continuon Services, LLC