

## 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).
5. **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 Franklin 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](mailto: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.)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____