

CITY OF FORT WAYNE
FLEXIBLE SPENDING ACCOUNT
CLAIM FORM



PHP TPA Services
PO Box 9648, Fort Wayne, IN 46899
PH: 800-551-7334 | FAX: 260-436-7235
proclaimplus.com

EMPLOYEE INFORMATION

NAME:		SOCIAL SECURITY #:	
<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		DAY TIME PHONE #:	
ADDRESS:		EMAIL ADDRESS:	
CITY:	STATE:	ZIP:	EMPLOYER:

REIMBURSABLE EXPENSES (Attach documentation.)

DATE INCURRED	PROVIDER OF SERVICE	PERSON FOR WHOM SERVICE PROVIDED	EXPENSE TYPE **	REIMBURSEMENT AMOUNT REQUESTED
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			TOTAL	\$

** EXPENSE TYPE CODE: M = MEDICAL; D = DEPENDENT DAY CARE

CERTIFICATION

I certify the following is true:

1. The expenses listed above were incurred by me and/or my eligible dependents and qualify for reimbursement.
2. The expenses listed above are not eligible for reimbursement by any health care plan.
3. I have not and will not deduct the above listed expenses on my Federal Income Tax returns.
4. The appropriate bills, receipts, Explanation of Benefit statements are attached or verified by provider signature below.

Associate Signature:	Date:
Signature (provider of dependent care certifying dates and amounts listed above are correct for services rendered)	Date:

Any person who knowingly and with intent to defraud or deceive any health care plan, files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime.

Claim Submission

E-Mail: mford@phpni.com

Fax: 260-436-7235

Mailing Address:

PHP TPA Services
ATTN: Monique Ford
PO Box 9648
Fort Wayne, IN 46899

**For Questions Please Contact Our
Customer Service Team**

(800) 551-7334