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FSA –CLAIMS FORM for E-MAIL & FAX

This form should only be used for claims already submitted online.

Instructions: Please send this completed form with proper documentation to **RPG Consultants – FSA Department at the fax number OR e-mail address above**. Please keep a copy of all correspondence for your records. Copies of this form are available at www.rpgconsultants.com.

Documentation: You must complete this form and attach documentation to ensure timely reimbursement. This form should include:

- Proof of service. Documentation should include the expense type and nature of the service, provider, dates of service, and name of person service was rendered to.
- Proof of payment. Documentation should include a cancelled check, bank statement, credit card slip, month-end credit card statement, or a “paid in cash” statement. Online statements and screenshots are acceptable.
Credit Card: Attach slip or month-end statement.
Check: Indicate check # and include cancelled check front and back or bank statement.
Cash: No proof of payment receipt needed if under \$60 if “cash payment” is indicated, otherwise register receipt is required.
- Insurance company Explanation of Benefits (EOB), if applicable

Eligible Expenses: Please refer to our website at www.rpgconsultants.com for more information. You may also e-mail the FSA Dept. at fsa@rpgconsultants.com with questions. Your contact information below will be used if there are questions about your claim.

Employee Information:

Name: _____
Employee ID: _____
Number of Pages Faxed (included cover): _____

Fax Page #	Tracking #	Cash/Credit Card/Check

(Additional expenses should be placed on separate forms. Each form treated as individual claim)

Reimbursements for approved claims totaling over \$35.00 are issued on approximately the 1st and 16th of every month.

For Official Use Only: Date Received: _____ Date Processed: _____ Processed By: _____