



# Health Economics Group, Inc. WEX HEALTH PAYMENT CARD SUBSTANTIATION FORM



Employer Name: \_\_\_\_\_

Plan Year: \_\_\_\_\_ through \_\_\_\_\_

EMPLOYEE FIRST NAME:	LAST NAME:
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MAILING ADDRESS:  Check box if this is a new address

E-MAIL ADDRESS:  Check box if you would like all correspondences via email.

DATE OF DEBIT CARD TRANSACTION	PROVIDER / VENDOR	AMOUNT OF TRANSACTION

**DEBIT CARD DOCUMENTATION MAY BE SUBMITTED USING ONE OF THE FOLLOWING METHODS**

<b>Consumer Portal:</b> <a href="https://hegconsumer.lh1ondemand.com/login">https://hegconsumer.lh1ondemand.com/login</a>	<b>Portal Instructions:</b> Log into the Consumer Portal and upload a photo of your receipt (or scan your receipt) to the <u>original</u> debit card claim. Do not create a new claim.
<b>Fax:</b> 585-241-9518	<b>Fax instructions:</b> Make a copy of the documentation and fax a completed substantiation form to Health Economics Group.
<b>E-Mail:</b> <a href="mailto:flex@heginc.com">flex@heginc.com</a>	<b>Email Instructions:</b> Scan a completed substantiation form and documentation and email to Health Economics Group.
<b>Mail:</b> Health Economics Group 1387 Fairport Road, Building 1000-A1 Fairport, NY 14450	<b>Mail Instructions:</b> Mail a completed copy of the substantiation form and the documentation to Health Economics Group.

**Reminders:**

- ✓ Keep a copy of the completed form and documentation for your records.
- ✓ Credit Card receipts are not acceptable documentation.
- ✓ Receipts from a provider must show description of the purchase and a date of service.

**INELIGIBLE EXPENSES**

If you have knowingly purchased ineligible items with your card, please mail a check **payable to your Employer** for the amount of the ineligible expense(s). This amount will be credited back to your account for future use.

**Mail Checks to:** Health Economics Group, 1387 Fairport Road, Building 1000-A1, Fairport, NY 14450