

**MISSOULA COUNTY EMPLOYEE BENEFITS PLAN**

Mailing Address: 200 West Broadway  
Physical Address: 223 West Alder Street  
Missoula, MT 59802-4292

P: 406.258.4876 | F: 406.258.4731  
E: [benefits@missoulacounty.us](mailto:benefits@missoulacounty.us)



**Missoula**  
COUNTY

## FLEX MEDICAL EXPENSE REIMBURSEMENT REQUEST

Please fill out the applicable spaces on this form, attach the appropriate documentation, and forward to Missoula County Risk & Benefits Department. If any of the expenses were covered by your insurance or any other insurance, an **“Explanation of Benefits”** must be submitted as documentation. For expenses not covered by insurance, send a copy of the provider bill or invoice identifying the service, service date, total charges and any discounts. **If the required documentation is not attached with this form, your reimbursement will be denied and returned to you.**

Plan Year \_\_\_\_\_ Department \_\_\_\_\_ Daytime Phone# \_\_\_\_\_  
Employee Name \_\_\_\_\_ Soc. Sec. No \_\_\_\_\_  
Last First  
Street or Box Number City State Zip

**I would like my reimbursement:** Mailed to my home \_\_\_\_\_ Sent to me at work \_\_\_\_\_

Date(s) Incurred	Name of Provider, or Description of Service(s) Rendered	Covered by insurance?	Out-of Pocket Medical Expense(s)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total Medical Expenses (Minimum \$10)			\$

I certify to the best of my knowledge, the statements made within this Request for Reimbursement are complete and true. I certify the medical expenses were necessary to treat a medical condition for myself, my tax dependents, and/or spouse. I further understand that expenses reimbursed by Flex may not be claimed on my income tax return as an income tax reduction. I authorize my Flexible Spending Account to be reduced by the amount requested.

**Signature**

**Date**

For additional forms, go to

<http://www.missoulacounty.us/government/administration/risk-benefits>