



Step-by-Step Instructions

You may request reimbursement any time a qualified expense has been incurred. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement.

Visit partners.tasconline.com/stanford to download a form.

- Enter your 12-digit TASC ID
- Below STANFORD UNIVERSITY, enter your name, address, apartment or unit number (or leave blank) and City/State/ZIP
- Enter the **Date of Service** (not the billing or paid date, but the actual day of your office appointment, surgery date, etc.)
- Enter the **Service Type Code** from the list of codes in bold text on the second page of the form (**DN, DC, ME or VI**)
- Enter the **Expense Type Code** from the list of plain text codes
- Enter the **Request Amount**, which is the amount owed or your out-of-pocket cost after insurance has made a payment
- Enter the Patient Name
- Briefly describe the service provided
- Sign and date the form
- Fax the form and receipts to 877-233-5217 or mail a copy of the form with copies of your receipts to TASC, PO Box 7308, Madison WI 53707-7308

Your receipt or other documentation* **must** include:

- Date of service
- Name of service provider
- Amount charged
- Description of service
- Patient's name
- Amount paid by insurance (if any)

* This may be a receipt or invoice from the service provider, Explanation of Benefits (EOB) from your insurance carrier, etc.

Next Time...

Your Stanford FSA Card pays for your FSA expenses without needing to request a reimbursement! Skip the form and use your Stanford FSA Card with merchants and providers who accept Mastercard. Eligible expenses are automatically approved and paid from your benefit account.

The Stanford FSA Card is issued by MetaBank®, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.

Questions? Ask your employer or contact your Plan Administrator:
TASC • partners.tasconline.com/stanford • 1-855-842-4913

TC-6580-053122



Reimbursement Form

13785

Participant TASC ID 4001-2345-6789

Client Name STANFORD UNIVERSITY

Amelia Donnington
 505 Broadway
 Cardinal Hall, 5th Floor
 Redwood City, CA 94063

Submit Requests for Reimbursements:
 a. By Fax: 877-233-5217
 b. Or by Mail: TASC
 PO Box 7308
 Madison, WI 53707-7308

Date of Service (not billing or paid date)	Service Type *	Expense Type *	Request Amount	Patient Name (please print)	Description
03/27/2022	ME	CP	50.00	Amelia Donnington	office visit copay

In order to send reimbursements directly to a provider, sign in to your account at www.tasconline.com and select Pay a Provider.

To the best of my knowledge and belief, all statements and information provided with this Request for Reimbursement are complete and true. I have read and understand the Terms of Use for my account and certify that I am requesting reimbursement for eligible expenses incurred by eligible persons as allowed under the Terms of Use for my account. For tax-free reimbursements, I certify that these expenses have not been previously reimbursed by any other source, and they will not be submitted as deductible expenses when I file my personal tax returns. I understand I am responsible for retaining copies of all receipts and will provide a copy when required and as allowed by law. I authorize my Accounts to be reduced by the amounts in this Reimbursement Request.

Employee Signature (required) Amelia Donnington
Date 03/27/2022

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