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EBPA Reimbursement Department 888-678-3457

EBPA FSA Substantiation Fax Cover Page

Please do not submit a new Reimbursement Form

To: EBPA Reimbursement Department		FAX #: 1-321-445-9607
Participant's Name: _____	Employer Name: _____	DATE: _____
Number of pages Including this cover page: _____	Participant's Contact Information: Telephone Number or Email Address _____ RECOMMENDED	

You may obtain copies of this **FAX Cover Sheet** at: <http://www.ebpabenefits.com/> members

Important FSA Claim Substantiation Information**Substantiation / Documentation Submission**

Please remember to include a copy of the "Substantiation Letter" or "Denial Letter" when submitting your response and/or documentation.

MESSAGE:

The information in this FAX is confidential.

Please be sure it is received by the intended recipient as soon as possible