



##81T00011#####

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.

[Print Form](#)

MESSAGE:

The information in this FAX is confidential.

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