

This document should only be used if you submitted your request for reimbursement using our Online Claim Submission tool. This is not a claim form.

**\*\*YOU MUST TYPE OR SIGN YOUR NAME ON THIS DOCUMENT\*\***

**SUBSTANTIATION COVER SHEET**

<b>To:</b> Planned Benefit Systems, Inc.		<b>From:</b>	
<b>Fax:</b> 303-221-2785		<b>Employer Code:</b>	
<b>Email:</b> <a href="mailto:ocsclaims@cci-pbs.com">ocsclaims@cci-pbs.com</a>		<b>Email:</b>	
<b>Address:</b> P.O. Box 4594		<b>Phone:</b>	
Greenwood Village, CO 80155-4594		<b>Amt:</b>	<b>Track#:</b>
		<b>Date:</b>	<b>Pgs/Docs:</b>
<b>Directions for fax or mail:</b> <ol style="list-style-type: none"><li>1. Sign your name in the Certification Box provided below.</li><li>2. Tape your receipts below. Do not overlap receipts. Do not highlight receipts.</li><li>3. Include multiple pages if necessary, note the total number of pages above and put your name on all subsequent pages.</li><li>4. Include your phone number in the space provided above.</li><li>5. Forward using our contact information above.</li></ol>		<b>Directions for email:</b> <ol style="list-style-type: none"><li>1. Type your name in the Certification Box provided below. Also include your phone number and the number of documents that will be attached to the email.</li><li>2. Save this document to your computer.</li><li>3. Scan your receipts saving them electronically to your computer.</li><li>4. Attach this document and your receipt documents to an email.</li><li>5. Forward the email to <a href="mailto:ocsclaims@cci-pbs.com">ocsclaims@cci-pbs.com</a>.</li></ol>	

**Certification Box**

By signing or typing my name on this form, I am accepting all prior terms and agreeing to all prior certifications.