

# **PARKING CLAIM SUBMISSION INSTRUCTIONS**

Use this document to learn how to request payment for eligible parking expenses that have been:

- Already paid out of pocket, **OR**
- Billed directly to you from your transit provider and still need to be paid to your provider

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## How do I submit my claim?

Please visit the portal to file your claim and upload your supporting documents and online:

[www.plansource.wealthcareportal.com](http://www.plansource.wealthcareportal.com)

If you choose to submit by mail or fax, send the completed and **SIGNED** form and supporting documentation to

**Fax:** (877) 767-8804

**Mail:** PO Box 160940

Altamonte Springs, FL 32714

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## **INSUFFICIENT DOCUMENTATION MAY RESULT IN A DENIED CLAIM**

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## What do I need to provide for my Parking Expense Claim?

Supporting documentation for each eligible expense **MUST** have the following four (4) items:

- Date of Service (date must fall within dates of plan year for which you are enrolled)
- Parking Provider name
- Parking Location
- Amount

**\*CREDIT CARD RECEIPTS ALONE ARE NOT SUFFICIENT**

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## How long does my claim take to process?

We do our best to process claims as quickly as possible. Depending on your claim type, documents submitted, and number of claims submitted, processing may take up to 3 business days. This does not include reimbursement time which may take additional time depending on your reimbursement method.

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**KEEP A COPY OF ALL CLAIMS SUBMITTED FOR YOUR RECORDS**

**Questions? 888-266-1732 | Monday–Friday, 8AM–8PM EST**

[www.plansource.wealthcareportal.com](http://www.plansource.wealthcareportal.com)



# Parking Expense Reimbursement Form



Using this paper claim form is **not the fastest option.**

For faster reimbursement, submit claims online:

[www.plansource.wealthcareportal.com](http://www.plansource.wealthcareportal.com)

If you choose to submit by mail or fax, send this completed and **SIGNED** form with all supporting documentation to the below contacts.

**INCOMPLETE/UNSIGNED FORMS OR INSUFFICIENT DOCUMENTATION WILL RESULT IN DENIAL.**

**Fax:** (877) 767-8804

**Mail:** PO Box 160940

Altamonte Springs, FL 32714

## Contact Information (\*required fields)

Employee Name\* Last four digits of SSN\*

Employer Name\* Phone number

Employee Address\*

City, State, Zip\* Email address

## Unreimbursed Expenses (Attach supporting documentation) **\*\*For a list of eligible expenses, refer to your plan documents.**

Submitted documentation MUST contain (please check that all are included):

- Date of Service (date must fall within dates of plan year for which you are enrolled)
- Parking Provider
- Parking Location
- Amount

**\*\*CREDIT CARD RECEIPTS, canceled checks, or NON-ITEMIZED receipts/statements are not acceptable**

Date of Service	Parking Provider		Parking Location	Amount
From:		<input type="radio"/> Check this box if no receipt was provided in the normal course of business (parking meter or drop box).		\$
To:				
From:		<input type="radio"/> Check this box if no receipt was provided in the normal course of business (parking meter or drop box).		\$
To:				
From:		<input type="radio"/> Check this box if no receipt was provided in the normal course of business (parking meter or drop box).		\$
To:				
From:		<input type="radio"/> Check this box if no receipt was provided in the normal course of business (parking meter or drop box).		\$
To:				
			<b>Total Parking Expenses</b>	\$

## Employee Certification (claim will not be processed without signature below)

To the best of my knowledge and belief, my statements for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for myself and/or my legal dependent(s). I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction or credit. If there is a discrepancy between the total amount of expenses requested below and the total amount of the attached receipts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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