

Valid Documentation Examples

To approve your expense, your documentation needs the following details:

- **Name** of provider or merchant
- **Date of service** received or item purchased
- **Description** of service received or item purchased
- Dollar **amount** (after insurance, if applicable)

Examples of unacceptable forms of documentation include:

- Provider statements that only indicate an amount paid balance forward or previous balance
- Credit card receipts
- Bills or invoices for pre-paid medical expenses (i.e. services not yet incurred)



Statement

Company name: ACME Health
Street address: 91 Halifax St
City: Massillon
State: Ohio
Zip: 44646
Phone: (202) 555 - 0112
Email: acme@health.org

BILL TO Name **John Smith**
Street address: 8977 Theatre Lane
City: North Olmsted
State: Ohio
Zip: 44070
Phone: (202) 555 - 0133
Email: jsmith@health.org

Date: 06/21/2019
Statement #123122

Date	Description	Balance	Amount
01/01/2019	Office visit - Name of Physician	\$150.00	\$150.00

Current	1-30 days past due	31-60 days past due	61-90 days past due	over 90 days past due	Amount Due
—	—	—	—	—	\$150.00

Remittance

Statement #123122

Date

Amount Due

Amount Enclosed

RX Receipt

John Smith

RX # 0268926-13036

Date: 06/21/2019

Amoxicillin

QTY: 90 2 refills

Refill NDC: 00074

Retail Price: \$131.89 Your insurance saved you: \$36.78

\$95.11

MFG: ABBVIE

XXX.X /S.ALLEN

GROUP # 0789

CLAIM REF # 123602196315026

37 KETCH HARBOUR DRIVE, HACKETTSTOWN, NJ 07840

PH: (202) 555 - 0152



Health Company

Explanation of Benefits

Date: 06/21/2019

Recipient: **John Smith**

Date of service	Claim	Description	Provider	Charges	Deductible	Copayment	Coinsurance	You owe
06/15/2019	1332	Office visit	City Medical	\$135.00	\$750.00	\$25.00	\$35.00	\$100

Total \$100.00

Total deductions \$35.00

Total cost of visit \$135.00