



DO NOT use to submit a new claim. The purpose of this form is to assist in submitting itemized receipts or explanation of benefits to verify Benefits MasterCard transactions that have already taken place.

Complete and submit by fax or mail to:
Proficient Benefit Solutions, PO Box 380768, San Antonio, TX 78268
FAX: (210) 659-8171

EMPLOYEE INFORMATION (Please Print)

Employer Name: _____

Name: _____ Last 4 digits of SSN: _____

Day Time Phone: _____ Email: _____

TRANSACTION INFORMATION (Please Print)

Please complete the fields, attach the supporting documentation and mail or fax to the address shown above:

Patient's Name	Date of Service	Type of Service	Amount Billed	Provider's Name