



Outstanding people are key to our success!

Submitting Qualified Cash Payments to Health Plan Deductible

This form should be used when a qualified purchase has been made **without** using your Talley medical insurance card.

Please complete below and provide the matching receipt.

| | | | |
|--|--|-------------------------|--|
| Employee Name | | | |
| Employee ID Number As seen on Lucent Insurance Card | | Group Number B69 | |
| Provider Name | | | |
| Provider Address | | | |
| Provider Tax ID | | Date of Service | |
| Procedure | | | |
| Diagnosis | | | |
| Charge | | | |

Please return this completed form with supporting documentation and receipts to Kasha Williams or Lynn Chambers at your earliest convenience.