Request For More Information

Below is an example of a Request For More Information from a debit card transaction.

Please Note -

- Specific documentation requirements as well as any additional claim detail notes will be included in the notification
- Failure to provide requested information will result in the debit card to be suspended until the documentation is received or claim is repaid.
- If the debit card is suspended claims may still be submitted for reimbursement through your online account. Suspension is for use of the debit card only.
- Upload documentation through your online account.

Employer Name: Your Company U.S.A.
Employer Code: Corp. 123456
Participant Account ID: 0001263870
Date: 12/18/2018

Joe Participant
123 Main St
Anytown, CT 06001

Request For More Information (RMI)

Dear Joe Participant:

Thank you for using your Debit Card.

Our records indicate that you incurred the following expense(s) with your card. After reviewing the documentation you previously submitted, we are requesting additional documentation in order to perform a more detailed review of the service (s)/item(s) purchased.

Please return it with a receipt or Explanation of Benefits (EOB) which includes:

- Provider Name
- Service(s) Received or Item(s) Purchased
- Date of Service
- Amount of expense incurred

Please submit through your online account or email to claims@sentinelgroup.com. After you have submitted the appropriate documentation of this expense, no further action is required on your part unless you are otherwise notified.

Failure to submit the requested documentation may result in a suspension of the use of your debit card. ← If requested information isn't received Debit Card will be suspended until documentation is received or claim is repaid.

Thank you for your cooperation. If you have any questions, please call us at the number below between the hours of 8am and 5pm (Eastern Time), Monday through Friday.

Sincerely
Health and Welfare Service Team

Claim No.	Plan Name	Transaction Date	Merchant	Claim Amount	Eligible Amount	Documentation Required	Amount Due
23481181025D00000001	Medical FSA 2018	10/23/2018	VITAMINS	$43.60	$0.00	$43.60	$0.00

Request For More Information Reason: Letter of Medical Necessity
Description: This type of expense must be substantiated by a written statement from your physician indicating the medical condition and that the expense is necessary for the alleviation of a physical or phychological illness.
Comment: Supplements require a Letter of Medical Necessity from a medical practitioner stating the medical condition being treated