HSA Verification Form
Parkview Physicians Group
1234 E Dupont Road Ste. 1, Fort Wayne, IN, 46825
TIN 35-1972384

Date of Service:_____________________

Employee (FULL LEGAL) Name (First, M.I., Last)

Patient(FULL LEGAL) Name (First, MI, Last) Relationship to the Employee

Unique ID Number

It is the responsibility of the employee to provide this form to your Third Party Administrator. In order to be applied towards your HSA, you must either fax or mail this form to:
Employee Plans, LLC
1111 Chestnut Hills Parkway
Fort Wayne, IN, 46814
Fax: 260-625-7530

☐ Office Visit  CPT Code_______________
☐ Diagnosis Code_______________

Total Amount $____35.00_________

_______________________________  ________________________________
Date  Employee’s Signature

** Include copy of receipt from the visit