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Affidavit of Cash Payment for Backup Care

This affidavit is required for members who have paid cash for Backup Care services provided by a provider in their Personal Network and are missing a detailed receipt. The Member must complete and submit this affidavit, with a signature by the Member and the care service provider.

Attestation:
I, _____, hereby affirm that I made a cash payment for Backup Care services as described below:

Provider's Name: _____
Date(s) of Service: _____
Amount Paid: _____
Description of Services Provided: _____

I attest that I have paid cash for the services rendered. This signed document will be placed on file as a substitute for the original receipt, and all information provided herein is accurate.

I acknowledge that falsified records or inaccurate information submitted in this affidavit will be reported to my employer and may be subject to disciplinary action under my employer's applicable policies.

Member Signature: _____
Member Name: _____
Date: _____

Provider Signature: _____
Provider Name: _____
Date: _____