BENEFLEX INC.

MedFSA REIMBURSEMENT REQUEST VOUCHER

To request reimbursement, please complete this form, including appropriate documentation and provide signatures where required. All required fields applicable to your claim must be completed in order to process the claim.

I certify that all listed expenses have not been reimbursed by any other source, nor will they be reimbursed by any other source. In addition, I certify that these expenses were incurred for eligible members of my family or me, and they are not eligible for reimbursement from any health insurance coverage.

Participant's Signature ______________________ Date ____________

FIRST NAME ____________ LAST ____________ SS# ____________

HOME TELEPHONE ____________ ☐ Check Box if Home telephone has changed

HOME ADDRESS ____________ CITY ____________ STATE ____ ZIP ____________

E-MAIL ADDRESS ____________@____________ EMPLOYER ____________

Medical Flexible Spending Account - (REQUIRED - COMPLETE ALL SECTIONS)

In order to receive reimbursement, supporting documentation must be attached. Please include an itemized bill from the provider listing exact dates of service (balance forward statements are not acceptable), service performed and cost or an Explanation of Benefits (EOB) from your insurance company listing service dates, service performed and cost. Please retain a copy of this claim form and supporting documentation for your records, as we are unable to return original documents to you.

CLAIMS ARE PAID WHEN RECEIPTS TOTALING $50.00 ORMORE HAVE ACCUMULATED

SERVICE DATE	AMOUNT	PAID TO	DRUG NAME IF PRESCRIPTION	PROCEDURE CODE
	$			
	$			
	$			
	$			
	$			
	$			
	$			
TOTAL	$			

PROCEDURE CODE

A = Medical B = Dental C = Eye Care
D = Prescription E = All Others

FOR OFFICE USE ONLY
☐ Notified of ineligible expense Date _ _/_ _/_ _

Please Mail the completed, signed form along with copies of your medical charges to the address/fax below.

Beneflex Inc. 3354 Perimeter Hill Drive, Suite 112, Nashville, TN 37211

Telephone: (800) 925-4087 - (615) 831-0990 Facsimile: (800) 449-7501 - (615) 831-9910