FlexibleBENEFITSinc

Claim Form
Medical Reimbursement Flexible Spending Account

Employer Name: _____

Employee Name: _____

Senders Phone Number: _____

Social Security Number: _____ - _____ - _____

To Submit Your Claim By **Email/Fax**

Use this claim form as your cover sheet.

Please do not send a separate cover sheet.

Email: info@flexiblebenefitsinc.com or Fax: 251.662.1236

This transmission includes _____ pages.

Call _____ if all pages are not received.

Problems Transmitting?
Call us at: 888.821.9007 or 251.237.1115

Unreimbursed Medical Expenses

All expenses listed below must be considered medically necessary in order to be eligible for reimbursement.

mySourceCard or myResourceCard Transaction?	Date of Service	Name of Person for Whom Expense Incurred	Service Provider Name	Brief Expense Description	Eligible Amt. Or Amount Charged	Amount Paid By Insurance	Your NET Expense
☐Yes ☐No							
☐Yes ☐No							
☐Yes ☐No							
☐Yes ☐No							
☐Yes ☐No							
☐Yes ☐No							
☐Yes ☐No							
☐Yes ☐No							
☐Yes ☐No							
				All expenses listed above must be considered medically necessary.	***Total Medical Expenses Claimed:***		

Please Read Carefully:

The undersigned certifies that all expenses for which reimbursement is claimed by submission of this form were incurred during a period while the undersigned was covered under the above named Employer's Cafeteria Plan with respect to such expenses. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim, and that unless all expenses for which payment or reimbursement is claimed is a proper expense under the Plan the undersigned may be liable for payment of all taxes on amounts paid from the plan which relate to such expense.

I hereby authorize any service provider named above to release any information regarding expenses described above to Flexible Benefits, Inc.

_____ Employee Signature

_____ Date

phone: 251.237.1115
888.821.9007

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Suite A
Mobile, Al 36691-1566

Fax: 251.662-1236
Claims Email:
Info@flexiblebenefitsinc.com