FSA*Direct* REQUEST FOR MEDICAL REIMBURSEMENT

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

ACCOUNT HOLDER GENERAL INFORMATION

Group: Plan ID:

Partic. ID# If this is a new address check here ☐

Name Last First

Address

City State Zip -

Phone ( ) - - E-Mail

1) INCUR ELIGIBLE EXPENSE	2) INCLUDE DOCUMENTATION:	3) SUBMIT CLAIM BY:
For a list of eligible expenses, please visit www.flores247.com. You must incur the expense during your enrollment period. Please review your plan documents for any exclusions.	Any itemized bill or explanation of benefits (EOB) form showing: - Date of Service - Description of Service - Out-of-Pocket Cost - Provider Name - Patient Name	UPLOAD: www.flores247.com FAX: 704-335-0818 or 800-726-9982 MAIL: Claims Processing PO Box 31397, Charlotte, NC 28231 SMARTPHONE APP: eReceipts

Claim Submission Deadline:

You have until the above day after the end of the plan year to submit claims for the previous plan year.

REIMBURSEMENT REQUEST DETAIL

Please complete one section for each included receipt and total at the bottom. Use additional forms as needed.

Date Of Service (not payment date) Service Code (See key below) Amount Requested for Reimbursement

Patient Name Name Of Provider

Date Of Service (not payment date) Service Code (See key below) Amount Requested for Reimbursement

Patient Name Name Of Provider

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Patient Name Name Of Provider

SERVICE CODE KEY

01 - Medical	03 - Vision	05 - Mileage	07 - Other
02 - Dental	04 - Prescription	06 - Orthodontia	08 Over The Counter

Total Requested For This Page

REIMBURSEMENT AUTHORIZATION

I certify that I have not previously requested reimbursement for the above expenses under this or any other plan and I am not able to receive additional insurance benefits or reimbursements from any other source for these expenses. I certify that these expenses are eligible for reimbursement in accordance with the Flexible Spending Account SPD provided by my employer. I further certify that these expenses are for eligible dependents as defined under Internal Revenue Code Section 152.

Participant Signature (Void if not signed) Date Signed