



Flex MasterCard Validation Form

13511 Label Lane, Hagerstown, MD 21740

Fax to 1-866-556-5551

Phone 301-530-9400

Important: Claims sent with this form will NOT be processed. This form is only for participants with the Flex MasterCard and is used to validate purchases according to IRS regulation. All MasterCard Participants are requested to register their account at the following web site: www.mbicard.com

Documentation Instructions

1. Attach the receipt from the provider where you charged your FSA eligible expense & fax it to FlexAmerica
2. The receipt must detail the date of service, provider and services
3. Prescription claims must include the Rx# / pharmacist receipt, not the cash register receipt.
4. **Cash register receipts are only acceptable for Over the counter items**

Please Check 1 Box

- New Flex MasterCard Documentation Submission
 Information Requested From FlexAmerica

Employer Name	Employee Name	Daytime Phone Number	Social Security Number or ID
Amount	Date of Service	Provider Name	Comments
\$			
\$			
\$			
\$			

Employee Certification

I certify that these expenses for which I have received reimbursement is from the Flexible Spending Accounts have been incurred by me and/or my eligible dependents and are not, and will not, be payable by any other plan and will not be deducted on my federal, state or local income tax returns.

Employee Signature

Date

E-mail address if we have a claim question

Comments to the Claim Department:

Recurring expenses do not need to be substantiated after the first submission of documentation. A recurring charge is consistent always for the same dollar amount at the same merchant: such as a regular refill on a prescription. If any of the charges are recurring expenses, please complete the following:

Merchant Name _____ Amount \$ _____ Date of Last Charge ___/___/___