



Flex MasterCard Validation Form

13511 Label Lane
Suite 201
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.

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 prescription name and number. The cash register receipt is not acceptable
4. Cash register receipts are only acceptable for Over the counter items if the name of the item is present
5. Credit card receipts are not acceptable

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: