

Guide to Respond to Ameriflex Substantiation Request

You may receive a substantiation request from Ameriflex asking for proof that your medical insurance carrier was billed for the expense for which you used your Benefits Convenience Card. This information will be sent to you in a two page document--you will want to read page 2 first to find out which documents you need to return to Ameriflex and then return those documents either by mail or by fax. Because you will need to read page 2 first for instructions, this guide shows page 2 first.

002016-000002-000002-004023 2178536 2100LT03-2
Ameriflex
7 Carnegie Plaza
Ste 200
Cherry Hill, NJ 08003
(888) 868-3539

Temp-Return Service Requested

1

Begin with page 2.

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2

View the amount to substantiate under "Posted Amount," and the amount approved for reimbursement under "Approved Amount."

May 19, 2016

Employer ID: AMFHOMECA
Employer Name: Oregon Homecare Workers Supplemental

Employee ID:
Card Number:
Document Tracking Number:

Date	Description	Approved Amount	Posted Amount	Remaining Amount	Total Amount	Account
05/16/2016		\$293.41	\$293.41	\$0.00	\$0.00	Health Reimbursement

Ameriflex Substantiation: INITIAL Request

Please follow the simple action item below to comply with IRS regulations requiring verification of certain Ameriflex Convenience Card® charges from your Health FSA or HRA plan. If this was an ineligible expense or you are unable to provide verification, please reimburse your account by remitting check or money order to "Ameriflex" at the address listed below. The reimbursed funds will be applied to your corresponding FSA or HRA balance.

Action: Provide an itemized receipt or Explanation of Benefits (EOB) from the insurance carrier for the transaction(s) and send with this notice to Ameriflex. Note that some HRA plans require an EOB; please contact Ameriflex if you are unsure which to send. For orthodontia, a copy of your orthodontia contract, including amount, down payment, monthly fees and estimated length of treatment may be necessary.

Fax: 888-631-1038 | Email: claims@flex125.com | Mail: AmeriFlex Claims, PO Box 269009, Plano, TX 75026

Please contact Ameriflex Member Services with questions or concerns: 888-868-3539, Mon-Fri 8:30am-8:00pm Eastern

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An action step notes what paperwork you need to provide as proof. This is the information you will return to Ameriflex with Page 1 of the letter.

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You can fax or mail your additional paperwork to this address or fax number. Note that this address is different from other addresses listed for Ameriflex on the letter. You can also do this through the "myamerflex App." For more info on this app, go to myameriflex.com.

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Temp-Return Service Requested

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Page 1 of 2 will be sent back to Ameriflex with your requested paperwork.

6

This barcode tracks, verifies and identifies your document.

Employer ID: AMFHOMECA
 Employer Name: Oregon Homecare Workers Supplemental

Employee _____
 Card Numi _____
 Document Tracking Number _____



7

If you are faxing in your documents, fill in your fax information here.

Fax Number To: _____
 Fax Number From: _____
 Subject: _____

Your Mailing Address

8

See your mailing address listed here. If incorrect, make sure to update Ameriflex.