

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

ASK FOR IT! SHOW THIS CARD TO YOUR PROVIDER!

Each time you use the card, ask the provider for an itemized statement that includes:

1. Provider name and address
2. Patient name
3. Date the service/supply was provided (regardless when paid or billed)
4. Description of the service/supply
5. Dollar amount you owe

IRS regulations require you to provide an itemized statement upon request. Submit online, via the mobile app, by fax, or mail. Also retain a copy with your personal tax records.
Note: Do not send the card terminal receipt, balance-forward or paid-on-account statements; these are not sufficient for IRS documentation.

CONTACT INFORMATION

www.asiflex.com | www.asiflex.com/debitcards

asi@asiflex.com

Phone: 1.800.659.3035

Customer Service Hours:

7 am - 7 pm Mon-Fri and 9 am - 1 pm Sat CT

Fax: 1.877.879.9038

PO Box 6044 | Columbia, MO 65205-6044

Get the ASIFlex Mobile App!

Submit claims and check your balance on-the-go! The app is free!
Available on Google Play and the App Store, or www.asiflex.com

FOLD LINE