



## Claim Filing Requirements

1. **Print your name, address, and social security number.**
2. **List expenses by date & arrange the supporting statements in the same order.** Please circle the service dates on your documentation. If you have several statements from the same provider, you may subtotal them and list them on one line with a range of dates.
  - Day care claims - complete the DCRA section
  - Health care claims - complete the HCRA section (The amount column should be the amount you are requesting after any insurance payment or provider discount for each expense).
3. **Enclose required documentation\*.** A written statement from the dependent care or medical (Dr., hospital, pharmacy, etc.) provider of the service or an insurance company benefits statement showing all of the following:
  - The name of the dependent care or medical service provider,
  - The date or range of dates of medical service or day care. Although this date may be the same as the date paid it must be clear on what date the service was provided. The services must have already been provided.
  - A description of the service provided (for example, for health care, "dental cleaning", or for day care "day care"),
  - The name of the person or persons receiving the medical or dependent care, and
  - The cost of the service, not just the amount paid.

**\*Dependent Care claims only\*** - You may either provide documentation from the day care provider or have the provider complete the DCRA, then sign on the "Provider's Signature" line and date the signature. You do not need to do both.

Requests filed without the above documentation cannot be processed and will be returned.
4. **Sign** the claim form.
5. **Keep** copies for your tax records.
6. **Mail** to the address on the front of this form, submit the claim online, or **Fax to (877) 879-9038**. This is a toll-free number but employee use of an office fax machine may not be appropriate. Please check with your employer before using an office fax machine.

**Online Claims Submission:** In order to submit claims online, you must 1) have high-speed internet access, 2) be able to scan your supporting documentation into one or more PDF files that are less than 812K (8MB) in size each, and 3) know your P.I.N., which you can find on your enrollment confirmation, or you may obtain by calling ASIFlex's customer service center (800) 659-3035. The website for online claims submission is <https://my.asiflex.com>. **Emailed claims will not be accepted.**

**Over-the-counter medicines & drugs: Effective January 1, 2011, over-the-counter (OTC) medicines will not be reimbursable unless you have a valid prescription.** Insulin still qualifies for reimbursement without a prescription. Equipment, supplies, and diagnostic devices such as bandages, hearing aid batteries, blood sugar test kits, etc. will remain eligible for reimbursement without a prescription. Please refer to ASIFlex's website, <http://www.asiflex.com>, for a list of OTC medicine categories that no longer qualify for reimbursement without a prescription after January 1, 2011. To claim vitamins, herbs or nutritional supplements, you must have a written diagnosis of the medical condition and "prescription" of all specific items for that condition on file with the claims office. You must renew this physician notice every 12 months and file it with the claims office with the first claim submitted for those items each plan year.

**Orthodontics:** Requests may be reimbursed for a reasonable monthly payment on or after the payment is due and paid. The payment must be a reasonable approximation of the value of each month's service. You may only file claims for orthodontic payments while treatment is in process. You must submit a paid receipt from your orthodontist or a photocopy of the monthly coupon and your check. Pre-payments are not allowed. You must submit a written statement from the orthodontist showing the charge for the initial installation work, when it was completed and a paid receipt to claim an initial down payment or appliance fee.

**Medical equipment:** Requires a letter from a physician every 12 months stating the nature of your medical condition, the specific equipment needed and that the equipment is essential to the treatment.

**Claim forms:** You may copy this form or obtain forms online at <http://www.asiflex.com>

**Claims payment and account information available 24 hours a day 7 days a week:** View complete history including available funds online at [www.asiflex.com](http://www.asiflex.com) (Account Detail). You will need your P.I.N., which you can find on your enrollment confirmation, or you may obtain by calling ASIFlex's customer service center (800) 659-3035.

## Resources

**Customer Service:**  
**Customer Service Email:**  
**Online claims submission:**

(800) 659-3035  
[asi@asiflex.com](mailto:asi@asiflex.com)  
<https://my.asiflex.com>

**Toll**                   **-Free Claims Fax:**  
**Customer**           **Service Website:**  
**Claims mailing address:**

(877) 879-9038  
[www.asiflex.com](http://www.asiflex.com)  
P.O. Box 6044  
Columbia, MO 65205