FLEXIBLE SPENDING ACCOUNT

Reimbursement Request Form



Employer's Name

INSTRUCTIONS: Please print or type and complete all items under Personal Information. In order to receive reimbursement, you must submit an Explanation of Benefits (EOB) (if applicable) from your insurance carrier or an itemized statement that includes the provider, patient name, date(s) of service, description of service, insurance responsibility (if applicable) and patient responsibility/payment for each health care claim. For Dependent Care reimbursement, please use the DCA Claim Form.

Email Address

PERSONAL INFORMATION

| Employee's Name | | | Date of Request | | |
|--|--|--|---|--|--|
| Employee's last 4 digits of SS# | | | Daytime Phone Number | | |
| | | Health Car | e Expenses | | |
| Patient Name | Relationship | Date of Birth | Date of Service | Type of Service (Medical, Dental, Vision, RX, etc) | Requested Amount |
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| (If more space is need | led, please copy this cla | im form or attach additi | onal pages) | TOTAL: | \$ |
| Spending Account, obtain necessary in claim for reimburso may not equal the a claim. I also under current plan year. | nor are reimbursable Iformation from all ple Iformation from all ple Iformation from all ple Iformation from all ple Iformation Ifor | e from any other sour hysicians, hospitals, e efit Plan established The reimbursable an rvice prior to the pla quested or more info | ses have not been prece. I hereby authorizemployers and all oth by my employer. I undount is based on the not attact date are not elemation needed, I win in a timely manner. | e Alliance Insurance er agents in order to derstand that the am available balance at t igible for reimbursen Il provide the request | Group, LLC to adjudicate the ount requested the time of the nent under the |
| Employee Signatur | e | | Date | | |

Submit Claim(s) to:

Alliance Insurance Group, LLC PO Box 240518 Montgomery, AL 36124

Phone: 334-396-3960 Toll Free: 866-396-3967 Fax: 334-396-7767

Email: <u>fsa@allianceinsgroup.com</u> <u>www.allianceinsgroup.com</u>