



**SmartFlex™ Debit Card
RECEIPT SUBMISSION FORM**

TO: First Financial Administrators, Inc.
ATTN: Flex Department
FAX # (800) 298-7785
US MAIL: P.O. Box 670329
Houston, TX 77267-0329

Full Name (Please Print)

Social Security Number

Employer

SmartFlex™ Debit Card Number

E-Mail Address

Home#

Work#

Attach copies of your receipts with this cover sheet.
Please keep copies of all original receipts for your records.

Please submit this form with all SmartFlex™ Debit Card receipts. All submissions must include the name of the provider, description of service, date of service, name of patient, and amount charged. Credit card receipts are not acceptable proof of expense.

Do not use this form when submitting manual claims.

For questions, please call (866) 853-FLEX (3539)