

▶ You can submit this to: claims@myameriflex.com

You can request reimbursement for orthodontia expenses online through the MyAmeriflex Portal and MyAmeriflex Mobile App, or by emailing, mailing, or faxing a Claim Form to Ameriflex. Please provide Ameriflex with a copy of the financial agreement/contract from the orthodontic provider, or you can simply enter your information and submit this form to Ameriflex at: claims@myameriflex.com.

Employee's Name: _____

Employer's Name: _____

Member ID (which may be your SSN): _____

Patient's Name: _____

Name of Provider: _____

Date Treatment Began: _____ Length of Treatment: _____

Total Cost of Treatment: _____ Down Payment: _____

Amount Covered by Insurance: _____ Balance Due: _____

Monthly Payment Amount: _____ Length of Monthly Payments: _____

Provider's Signature: _____

Employee's Signature: _____