



# Higginbotham™

Flex Debit Card

Reimbursement

## Health Care Spending Account Reimbursement Form

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Patient Name and Relationship to Employee \_\_\_\_\_

Do you have medical insurance?  Yes  No

Do you have dental insurance? (check only if submitting dental expenses)  Yes  No

For most expenses, **attach receipts that include date of service, provider, amount of charge and explanation of expense. Credit/debit card receipts are accepted for the copay amount only. All others will require either an Explanation of Benefits (EOB) or an itemized statement of charges. Cash register receipts for RXs are not accepted—we need the receipt that is stapled to your RX bag.** Amounts covered do not include payments under any other health care plan or program, federal, state or governmental program, workers' compensation or any other policy or health insurance.

I certify that the above information is correct to the best of my knowledge and that each item or expense is eligible for reimbursement. I certify that these expenses have not been reimbursed, and I will not seek reimbursement for them under a major plan or any other health plan, such as an individual policy or my spouse's or dependent's health plan. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. I authorize any physician, hospital or other organization or person having any records, data or information concerning health history or other insurance for me or my dependents to furnish such records, data or information as may be requested by Higginbotham.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Fax or mail to:

Attn. Flex Department  
c/o Higginbotham  
1300 Summit Ave, Ste 750  
Fort Worth, TX 76102  
Phone: 866-419-3519  
Fax: 817-882-9267  
Toll-Free Fax: 866-419-3516  
Email: flexclaims@higginbotham.net