



Ph: 800-437-FLEX or 757-340-4567
P.O.Box 8188 • Virginia Beach, VA 23450
www.flex-admin.com

Pay-To Provider Form

How to File

Please send (a) *this form* along with a (b) *FSA Claim Form* and (c) *required documentation*.

Form can be submitted by e-mail, mail or fax.

To submit by e-mail, Print Form. E-mail form along with documentation to flexdivision@flex-admin.com

To submit by mail print form and mail to: Flexible Benefit Administrators, Inc.
P.O.Box 8188, Virginia Beach, VA 23450

To submit by fax, Print Form and fax to: 757-431-1155

Please submit a form with each reimbursement request.

Individuals Information

Employers Name:

Employee's Name:

Social Security Number or Employee ID#:

Provider Information

Provider Information to send reimbursement check associated with the attached claim:

Provider Name:

Street Address:

Street, Suite Number

City

State

Zip Code