HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)
ASK FOR IT! SHOW THIS CARD TO YOUR PROVIDER!
Each time you use the card, ask the provider for an itemized statement that includes:
1. Provider name and address
2. Patient name
3. Date the service/supply was provided (regardless when paid or billed)
4. Description of the service/supply
5. Dollar amount you owe

IRS regulations require you to provide an itemized statement upon request. You may obtain it via the mobile app, by fax, or mail. Also retain a copy with your personal tax records.

Note: Do not send the card terminal receipt, balance-forward or paid-on-account statements; these are not sufficient for IRS documentation.

CONTACT INFORMATION
www.asiflex.com | www.asiflex.com/debitcards
asi@asiflex.com
Phone: 1.800.659.3035
Customer Service Hours:
7 am - 7 pm Mon-Fri and 9 am - 1 pm Sat CT
Fax: 1.877.879.9038
PO Box 6044 | Columbia, MO 65205-6044

Get the ASIFLEX Mobile App!
Submit claims and check your balance on-the-go! The app is free!
Available on Google Play and the App Store, or www.asiflex.com!