



The ASIFlex Card works well for certain expenses as described below. Supporting paperwork is not required to substantiate these transactions.

Type of Transaction	Documentation Required	Notes
Prescription copays under employer sponsored plan	No	Must be flat dollar amount that matches the employer sponsored plan you are enrolled in.
Health Plan copays under employer sponsored plan (such as physician office visits, hospital admission, outpatient surgery, imaging, emergency room, etc.)	No	Must be flat dollar amount that matches the employer sponsored plan you are enrolled in
Over-the-Counter health care products (that are not a drug or medicine)	No	Must be purchased at merchant that maintains inventory to identify which store products are FSA eligible
Recurring Expenses	No	Must provide documentation to substantiate the first transaction; on-going transactions must be for the same dollar amount and from the same provider



**KEEP
CALM
AND
RESPOND**

The ASIFlex Card can be used for other expenses listed below however supporting paperwork will be requested in order to substantiate the transaction. This is required under IRS regulations.

You can submit the supporting paperwork online, via the Mobile App, or by fax or mail.

TIP: If you do not want to provide supporting paperwork afterwards, do not use the card and choose another claim submission option.

For more information, go to www.asiflex.com/debitcards.

Type of Transaction	Documentation Required	Health Document Required to Substantiate Transaction
Prescription copays under a plan other than your employer sponsored plan	Yes	Must provide prescription receipt, itemized printout from pharmacy, or itemized mail-order receipt; or EOB
Health Plan copays under a plan other than your employer sponsored plan	Yes	Must provide itemized statement or EOB
Over-the-Counter Drugs/Medicines	Yes	Must provide attending physician prescription and merchant itemized store receipt
Deductible, Coinsurance amounts from hospitals, lab, and any other health care provider	Yes	Must provide insurance payer EOB, or provider itemized statement
Vision Expenses	Yes	Must provide insurance payer EOB, or provider itemized statement
Dental Expenses	Yes	Must provide insurance payer EOB, or provider itemized statement

Itemized Statement – You must ask for this statement from your provider each time you use the card. This statement must itemize the following:

1. Provider name/address
2. Patient name
3. Description of service or product
4. Date the service was provided, regardless when paid or billed
5. Dollar amount

Explanation of Benefits (EOB) – Obtain this from your medical, dental or vision insurance plan. The EOB shows the amount billed, amount paid by insurance, and amount you owe.