

MEDICAL SPENDING ACCOUNT (MSA)

Each time you use your card, ask the provider for an itemized statement of service 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; and
5. Dollar amount you owe.

IRS regulations require you provide an itemized statement upon request. Submit online, via the mobile app, by fax or mail. Retain a copy with your personal tax records.

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

CONTACT INFORMATION

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Get the ASIFlex Mobile App!

Submit claims and check your balance on-the-go!

Available on Google Play and the App Store.

FOLD LINE