



take care by WageWorks

Claim Form and Filing Instructions

On the reverse side of this page is a claim form. Please feel free to copy this form.

When filing your claim, you must attach copies of the receipts. The receipt must show the date and type of service for the expense, the provider's name, and the amount of the expense. Canceled checks, credit card slips, or statements showing only a balance due on your account are not allowable.

Please be sure to number each attachment page (e.g., Page 2 of 3, Page 3 of , etc.). Your claim form is your cover page. After you fax or mail a claim with receipts, please do not follow up with a claim submitted via any other method.

Fax or mail this form with receipts to:

Fax: (877) 782-8889

Or mail to: FLEX CLAIMS GROUP
claims@takecareclaims.com
P.O. Box 14054
Lexington, KY 40512