



Medical Reimbursement Claim Form

First Financial Administrators, Inc.

EMPLOYEE INFORMATION (Please Print)			
EMPLOYER	FIRST NAME	MI	LAST NAME
ADDRESS	CITY	STATE	ZIP
PHONE (Between Hours of 8am 5pm)	SSN	EMAIL ADDRESS	

MEDICAL REIMBURSEMENT EXPENSE CLAIMS

DATE OF SERVICE	TYPE OF SERVICE (CO PAY, RX, ORTHO, ETC.)	NAME OF PATIENT	SELECT ONE		AMOUNT OF
			REQUEST FOR REIMB	USED BENEFIT CARD	



SUBMISSION GUIDELINES

Please follow these guidelines to ensure that your claims are reimbursed quickly. Failure to attach the proper documentation may result in claim denial.

Acceptable Documentation:

Itemized receipt that shows the date of service, type of service received, provider name, patient name, amounts paid by the insurance, and amount owed.

Explanation of Benefits (EOB) from insurance company

Pharmacy receipt or statement that includes the RX number and name of the drug

Detailed cash register receipt listing of all eligible over the counter items only

Unacceptable Documentation:

Canceled checks

Debit card or credit card receipts

Balance forward or previous balance statements

Paid on account statements

Pre payments for future services.

Services incurred outside the plan year.

Orthodontia:

You must submit an orthodontic contract showing treatment start and end dates, the amount of the initial payment and the number of and amount of monthly payments.

Mail Claim Forms to:

First Financial Group of America

FSA Department

PO Box 161968

Altamonte Springs, FL 32716

Fax Claim Forms to:

800 298 7785

Email Claim Forms to:

First_Financial_Receipts@Alegeus.com

Fill out a claim form online:

www.ffga.com

Complete your claim form online and upload documentation on our secure participant portal by logging into www.ffga.com.

FF Flex Mobile App:

File a claim form on your mobile device using the FF Flex Mobile App. Available for download on the App Store or Google Play Store for Apple and Android devices.

Visit www.ffga.com for more information about Flexible Spending Accounts.