



APPROVED PRODUCT PURCHASE REIMBURSEMENT FORM

If you have purchased an approved product and are looking for reimbursement based on your plan allowance, submit this form along with a copy of your receipt. Once verified, your funds will be removed from your card and you will receive a check within 7-10 business days, the whole process can take up to 7-14 business days. All forms must be submitted by March 31, 2025 to qualify for the 2024 reimbursement.

To submit for reimbursement, mail a completely filled out copy of the form below, along with a copy of your receipt to the address below - or email the completed form with an image of your receipt attached to MAFlexCard@bcbsma.com.

MA Flex Card Reimbursements
4613 N. University Drive, #586
Coral Springs, FL 33067

First Name: _____ Last Name: _____

Member Identification Number: _____

Date of purchase: ____/____/____ (valid dates 1/1/2024 - 12/31/2024)

Item name(s): _____

Retail location: _____

Reimbursement Amount: \$ _____

Purse funds to be deducted from: _____

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