

You can submit this to: claims@myameriflex.com

You can request reimbursement for orthodontia expenses online through the MyAmeriflex Portal and MyAmeriflex Mobile App, or by emailing, mailing, or faxing a Claim Form to Ameriflex. Please provide Ameriflex with a copy of the financial agreement/contract from the orthodontic provider, or you can simply enter your information and submit this form to Ameriflex at: claims@myameriflex.com.

Employee's Name:		
Employed Nome		
Member ID (which may be your SSN):		
Patient's Name:		
Name of Provider:		
Date Treatment Began:		
Total Cost of Treatment:	Down Payment:	
Amount Covered by Insurance:		
Monthly Payment Amount:	Length of Monthly Payments:	
Provider's Signature:		
Employee's Signature:		