



## Refund Request Form

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### My Ameriflex Card Transaction to Refund

Account Type: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Amount of Transaction: \_\_\_\_\_

Amount of Enclosed Check: \_\_\_\_\_

Check Number: \_\_\_\_\_

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#### Mail Refund to:

Ameriflex Claims Department  
PO Box 269009 Plano, TX  
75026

