

# FSA (Flex Convenience Card) Debit Card Receipt Submission Form Toll-Free Fax 1-888-9898-FAX

Please complete and send this form along with receipts to verify expenses using the MBI Benefits Debit Card.  
**IMPORTANT NOTE:** All receipts must include a detailed description of the products or services obtained. If  
you need to contact them by phone: (248) 543-2644

Employee Name (Last, First, MI)	Employer Name GENERATIONS OB-GYN CENTERS
Last 4 digits of Social Security Number <b>XXX - XX --</b>	Daytime Phone Number (248) 647-9860 x                      or (       )
Email Address (to be used for claim correspondence only)	
Description of Expenses	

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Submit receipt(s) within 10 days of purchase using one of three ways:

1. MAIL completed form and receipts to address at right:
2. FAX this form along with receipts to (248) 543-2296 or 1-888-9898-FAX
3. EMAIL scanned copies of receipts with above information to [claims@adminpro-inc.com](mailto:claims@adminpro-inc.com).

**AdminPro Claims**  
**1423 E. 11 Mile Road**  
**Royal Oak, MI 48067**

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