

Flexible Benefit Card reimbursement

Form and instructions

What's included with your Flexible Benefit Card?

The Flexible Benefit Card is a preloaded Mastercard® with quarterly or annual allowances to use towards your supplemental benefits, such as over-the-counter (OTC) and fitness items.

If you forgot your Flexible Benefit Card or you had difficulty using your card, please submit this completed reimbursement form to Mass General Brigham Health Plan, along with your itemized receipts. We will review your request and reimburse you based on your plan allowance, subject to the applicable benefit as described in your SCO Member Handbook, otherwise known as the Evidence of Coverage.

Visit [MGBAdvantageotc.org](https://www.massgeneralbrigham.org/advantageotc) or call **855-345-4759** (TTY:711) for information about your Flexible Benefit Card account balance.

How do I request my Flexible Benefit Card reimbursement?

Reimbursement requests for items covered during the benefit year must be received by Mass General Brigham Health Plan no later than March 31 of the following year. There are three ways to submit your request form:

Submit by mail or fax

Complete the form on the back of this flyer, along with your itemized receipts, and mail to:

Mass General Brigham Health Plan

Attention: SCO Claims
399 Revolution Drive, Suite 875
Somerville, MA 02145

*You will not get confirmation of your request.
Please allow up to 60 days for processing.*

You can also fax your request form to
617-526-1905.

Submit on our Member portal

The most convenient way to request your reimbursement is on our Member Portal at [Member.MGBHP.org](https://www.massgeneralbrigham.org/member).

- Complete your form online
- Get confirmation of your submission right away

Please allow up to 60 days for processing.

Flexible Benefit Card reimbursement request form

Member information

Last name	First name	M.I.
Street address	City	State ZIP
Telephone number	Member ID# (located on the front of the Mass General Brigham Health Plan ID card)	

Which benefit(s) are you requesting reimbursement?

Check all that apply, provide the purchase amount, date of purchase, and merchant name. If you have multiple items, please give the total amount here and list your individual items (and costs) in the space below your signature. Be sure to include itemized receipts that match every claim made.

OTC drugs and supplies	Purchase amount:	Retailer/merchant name: Item(s) description: Item(s) amount:	Date:
Fitness	Purchase amount:	Retailer/merchant name: Item(s) description: Item(s) amount:	Date:

Please note:

- The deadline to request your Flexible Benefit Card reimbursement benefit for each calendar year is March 31 of the following year. Once reimbursement is validated, your funds will be deducted from the balance of the benefit allowance in the quarter in which items were purchased.

Certification/authorization

The member must sign and date below. The Flexible Benefit Card reimbursement is subject to approval. Mass General Brigham Health Plan reserves the right to request additional information in order to process the request for reimbursement.

To the best of my knowledge and belief, my statements in the Mass General Brigham Health Plan Flexible Benefit Card reimbursement request form are complete and true. I am claiming the coverage amount as indicated in my Member Handbook, otherwise known as the Evidence of Coverage.

Mass General Brigham Health Plan member's signature _____ Date _____

Check if completed by Appointment of Representative