At Ameriflex we strive to keep your health plan administration tasks to a minimum. That’s why we’ve provided the following helpful 5-step substantiation process for MyAmeriflex Card transactions.

**Step 1**  
The debit card transaction occurs.

**Step 2**  
Ameriflex will attempt to auto-substantiate the transaction using stored copays, stored recurring expense values, electronic data feeds, or IIAS merchant systems.

**Step 3**  
When auto-substantiation is not possible, a substantiation notification is sent requesting the itemized receipt or insurance EOB.

**Step 4**  
If the participant does not respond, a second notification is sent requesting the itemized receipt or insurance EOB.

**Step 5**  
If the participant submits paperwork that is insufficient or reveals the claim is ineligible, an alert is sent requesting additional documentation or reimbursement of the expense.

**IMPORTANT INFORMATION TO KNOW**

Successfully submitting substantiation prior to steps 4 and/or 5 will prevent additional notifications from being sent to the participant. If notifications are sent for transactions that are copayments or recurring expenses, the participant should indicate this information in his/her response, which will allow the transactions to automatically substantiate from that point forward. Failure to respond to manual substantiation requests may result in deactivation of the MyAmeriflex Card.

Ameriflex provides the most comprehensive HR services in the industry (Readers’ Choice Award) and is recognized for its commitment to superior service and product innovation.