SISC FLEX - CLAIMS SUMMARY WORKSHEET

(Optional)

This form is optional, but if used must be submitted with a completed SISC Flex Card / Health Care claim form.
Additionally, this form is only intended for your convenience to summarize multiple claims on one worksheet.
SISC Flex will still need to verify all information from separate third-party documentation.

Date of Service or Purchase MM/DD/YY	Claim Amount	Name of Provider or Retail Store	Claim Expense for: (Name of Participant or Dependent.)	Description of Service or Product: (e.g. Medical Visit, RX, OTC purchase, etc.)
TOTAL	**$0.00**			