Ameriflex
P.O. Box 870217
Kansas City, MO 64187-0217

**AMERIFLEX CLAIM INVOICE**
**Toll Free: 844.423.4636**

| Group | Date | Invoice # |
|---|---|---|
| American Producers Supply | 01/10/2025 | 4602082 |

| Description | Amount |
|---|---|
| Claims activity from 01/03/2025 to 01/09/2025 | $261.00 |

| Plan Year | Type | Location | Name | Social Security Number | Claim Date | Transaction Date | Transaction Type | Amount |
|---|---|---|---|---|---|---|---|---|
| Prior | HRA | Marietta | Gabriel Davis | XXX-XX-0348 | 12/31/2024 | 01/02/2025 | CARD | $182.70 |
| Prior | HRA | Marietta | | | | | Subtotal | $182.70 |
| Prior | HR2 | Marietta | William Gannon | XXX-XX-4447 | 01/01/2025 | 01/02/2025 | CARD | $78.30 |
| Prior | HR2 | Marietta | | | | | Subtotal | $78.30 |
| | | | | | | | Grand Total | $261.00 |