

Manual Claim Reimbursement

CareFlex Benefit Solutions

6/28/2009 - 7/4/2009

Employer Name	Management Resources, Inc.						
Employee ID	Enrollee Name	Input Date	Approved Amount	Check Amount	Check Number	Claim Number	Reimbursement Method
DCA0109 (1/1/2009 - 12/31/2009)							
XXX-XX-4448	Brownlee, Megan B.	6/30/2009	208.33	208.33	2280	20090630-18	Check
Process Date:	7/2/2009	DCA	New Reimbursed Total		208.33	208.33	
			Reissued Reimbursed Total		0.00	0.00	
			Total		208.33	208.33	
 DCA0109 (1/1/2009 - 12/31/2009)							
XXX-XX-7362	Freeman, Tamara	6/30/2009	200.00	200.00	20	20090630-19	Direct Deposit
Process Date:	7/2/2009	DCA	New Reimbursed Total		200.00	200.00	
			Reissued Reimbursed Total		0.00	0.00	
			Total		200.00	200.00	
			New Reimbursed Total	7/2/2009		408.33	
			Reissued Reimbursed Total	7/2/2009		0.00	
			Total		7/2/2009	408.33	
			New Reimbursed Total Management Resources, Inc.			408.33	
			Reissued Reimbursed Total Management Resources, Inc.			0.00	
			Total Management Resources, Inc.			408.33	
			New Reimbursed Total CareFlex Benefit Solutions			408.33	
			Reissued Reimbursed Total CareFlex Benefit Solutions			0.00	
			Total CareFlex Benefit Solutions			408.33	

e: This Check/Trace Number was generated externally.

r: Reissued Payment.

d: Indicates Dependent Claim.

The Manual Claim Reimbursement Report will reflect all claims processed manually by CareFlex Benefit Solutions.

This report is sent via e-mail to the designated contact on a weekly basis. The report will include the participant's name, the reimbursement check amount, and the associated check number.

As a reminder, only claims received prior to noon on Thursday will be included in the weekly check run.