

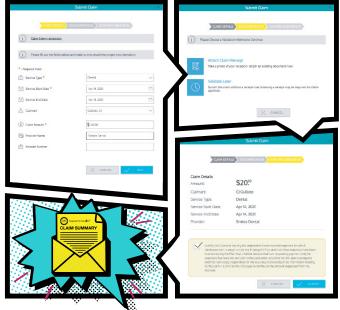
- Service start date
- Service end date
- Service type
- Provider name
- Claim amount
- Detailed receipt for service must contain the bulleted info above

Be sure to acknowledge the terms of use and click "Submit" to complete the form.



QUESTIONS?

Once submitted, you will receive a claim email confirmation containing a summary of your claim. To exit, simply click "**OK.**"



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Contact us at 844.UTS.FLEX or at questions@maestrohealth.com.