How to file a Claim via Consumer Portal

Click on the banner to **"Reimburse Myself"** to start a claim.

Before going to the next step be sure all dependents are listed.

(This info can be view under Accounts > Profile Summary)
You can also add dependents, if they are not listed.

Create Reimbursement

If you are enrolled into FSA and Dependent Care, you will have the option to choose which to "Pay From".

All other plans "Medical" is listed as Default

Create Reimbursement

By submitting a claim for reimbursement, I acknowledge that I have incurred the expenses for which I am requesting reimbursement under my employers cafeteria plan. I have not been and will not be reimbursed for these expenses from any other source, including but not limited to, an insurance plan, this plan, or any other programs offered by my or my spouses employer.

By continuing to upload claims/receipts for reimbursement or debit card payment transactions, I acknowledge that I am solely responsible for the accuracy and validity of the submitted expenses.

Pay From *   Select an account...

Pay To *   Select a Payee...

Cancel   Next

Pay From *   Medical

Pay To * ❓   Me

Upload Receipt and/or EOB

Click on hyper ink to upload documentation.

FSA requires receipts or detailed EOBs.

Dependent Care requires <u>paid receipt or invoices</u>.
(Screenshots, banking statements are <u>Not</u> permissible)

HRA , only EOBs are permissible

Once uploaded , click next.

Receipt / Documentation   * Required

Receipt(s) * ❓   Upload Valid Documentation

Summary   **Summary**

Pay From   2023 Health Reimbursement Account   Pay From   2023 Flexible Spending Account
                  (1/1/2023 - 12/31/2023)   (1/1/2023 - 12/31/2023)

Pay To   Me   Pay To   Me

Cancel   Previous   Next

** **You will not be able to go pass this screen without uploading proper documentation****

Claim Details

Dates of Service , should be within 90 days of incurred expense and within the current plan year.

Amount entered should be the total amount met towards the deductible

** If you see (Ineligible) by a dependent , it means an SSN wasn't entered for them, and they have not been added to your plan.

Once complete , Click Next

Claim Details   * Required

If all or part of your claim is unreimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. If this occurs, you will receive notification in the mail.

Start Date of Service *   mm/dd/yyyy

End Date of Service   mm/dd/yyyy

Amount * $

Provider *

Category *   Medical Deductible/Rx Expenses

Type *   Select a type...

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *   ○ Test Consumer

Add Dependent

Summary

Pay From   2023 Health Reimbursement Account (1/1/2023 - 12/31/2023)

Pay To   Me

Documentation Uploaded   Yes

Cancel   Previous   Next

Transaction Summary

Review summary to make sure all info is correct .

Check box that you have read terms and conditions. If you do not see "Agreed" the box has not been checked. **If the submit button is not clicked, then the claim will not be processed.**

You may also add another claim or save for later .

If a claim is submitted in error, you will have an option to remove and/or delete.

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ❓		
+ 2023 Health Reimbursement Account	Me	Rx Expenses	$250.00	$150.00	Remove	**Update**
Total Amount			**$250.00**	**$150.00**		

Claims Terms and Conditions ⌃

☐ I have read, understand, and agree to the Terms and Conditions.

Cancel   **Save for Later** **Add Another** **Submit**

Claims Terms and Conditions ✅ Agreed ⌄

Cancel   **Save for Later** **Add Another** **Submit**