

File a Claim
Pay your self back for an eligible expense



File a claim: Step 1 – Tell us about your request

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1

Tell us about your request

*Indicates required field

Expense Type* ?

Medical expense applied to deductible

Amount* ?

\$150.00

Date of expense* ?

02/10/2024

CONTINUE

- 2 Where should we send your funds?
- 3 How will you send your documents to us?
- 4 Confirm and submit

Step 1 - Tell us about your request (Continued)

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1

Tell us about your request

Expense type	Amount	Expense date	Name
Medical expense applied to deductible	\$150.00	02/10/2024 - 02/10/2024	Edit Remove

ADD ANOTHER EXPENSE

CONTINUE

- 2Where should we send your funds?
- 3How will you send your documents to us?
- 4Confirm and submit



Step 2 - Where should we send funds?

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1

Tell us about your request

2

Where should we send your funds?

Choose one of the options below.

☒ Send funds to my bank account

We'll send your funds to the bank account below:
Bank of America
Checking - 1234

☐ Send funds to someone else

CONTINUE

3

How will you send your documents to us?

4

Confirm and submit

Step 3 - How will you send your documents to us?

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

- 1 Tell us about your request
- 2 Where should we send your funds?

3 How will you send your documents to us?

You can upload, fax or mail your documents. The fastest way is to upload.

☒ I'll upload my documents

Upload documents

You can upload documents in JPG, GIF, PNG and PDF. The total size limit is 10MB. Your documents must show:

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible well-being product or service

Drag and drop your files here

OR

SELECT FILE TO UPLOAD

Upload documents (0.25MB of 10MB)

2019-05-15_1-32-52.PNG

0.25MB

[Remove](#)

☐ I'll fax/mail my documents

CONTINUE

4 Confirm and submit

Step 4 - Confirm and submit

Request funds – File a claim


Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

- 1 Tell us about your request
- 2 Where should we send your funds?
- 3 How will you send your documents to us?

4 Confirm and submit

Read the claim certification statement and check the box to sign your claim.

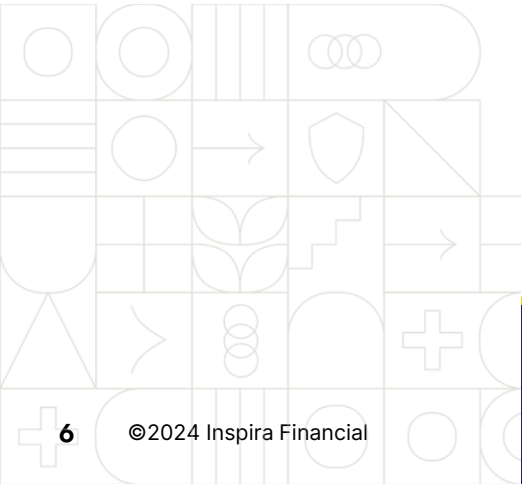
*Indicates required field

Claim certification statement 

☒ Your signature (Check this box to sign your claim)*


SUBMIT

CANCEL



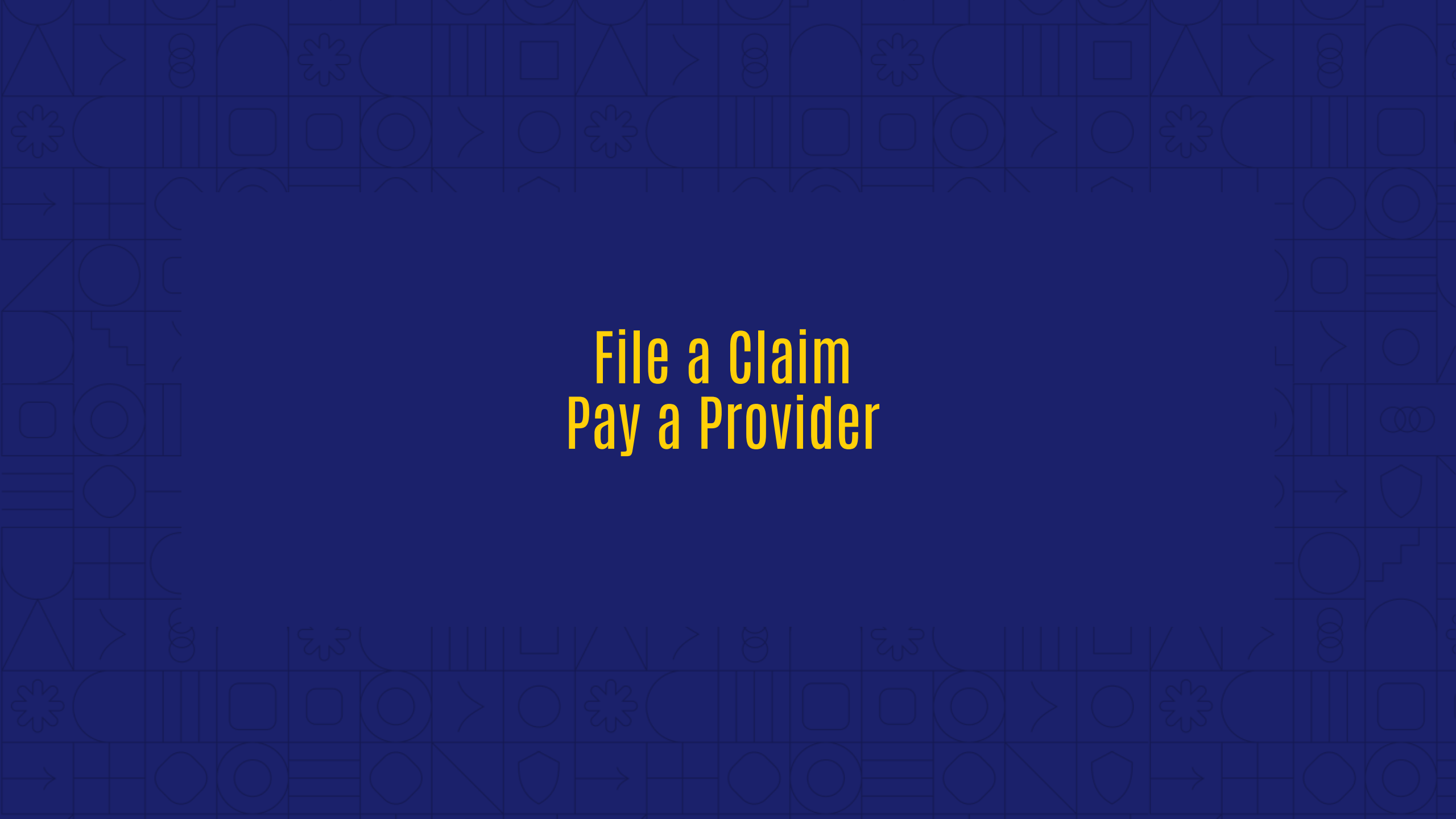
Claim successfully submitted

Request funds – File a claim

 **Success! We received your request. To view the status of your request, go to Claims.**

TAKE ME TO MY DASHBOARD





**File a Claim
Pay a Provider**

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02/10/2024



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3 How will you send your documents to us?

4 Confirm and submit

Step 1 - Tell us about your request (Continued)

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Tell us about your request

Expense type	Amount	Expense date	Name
Medical expense applied to deductible	\$150.00	02/10/2024 - 02/10/2024	Edit Remove

ADD ANOTHER EXPENSE

CONTINUE

- 2Where should we send your funds?
- 3How will you send your documents to us?
- 4Confirm and submit



Step 2 - Where should we send funds?

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1 Tell us about your request

2 Where should we send your funds?

Choose one of the options below.

☐ Send funds to my bank account

☒ Send funds to someone else

Recipient name

Dr. Smith

▼

+

Add a new recipient

CONTINUE

3 How will you send your documents to us?

4 Confirm and submit

Step 3 - How will you send your documents to us?

Request funds – File a claim

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- 1

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- 2

Where should we send your funds?

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OR

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Upload documents (0.25MB of 10MB)

2019-05-15_1-32-52.PNG

0.25MB


Remove

I'll fax/mail my documents

CONTINUE

4

Confirm and submit

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FINANCIAL

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Step 4 - Confirm and submit

Request funds – File a claim


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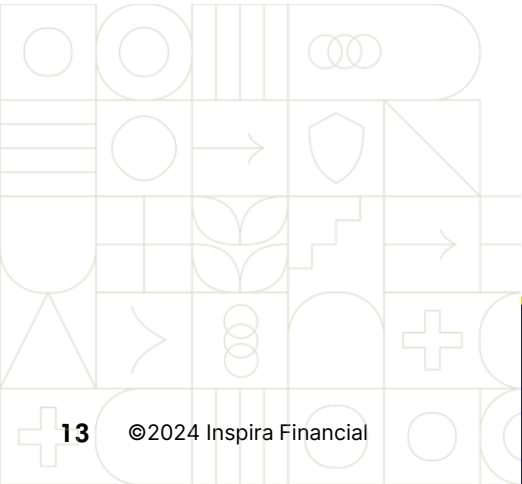
*Indicates required field

Claim certification statement 

☒ Your signature (Check this box to sign your claim)*


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CANCEL



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TAKE ME TO MY DASHBOARD

