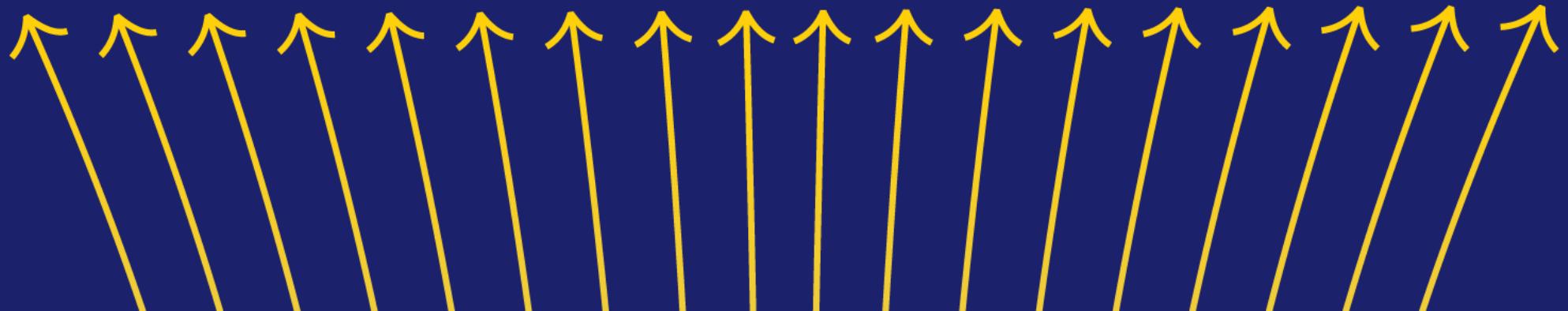


File a Claim
Pay your self back for an eligible expense



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* ?

Amount* ?

Date of expense* ?

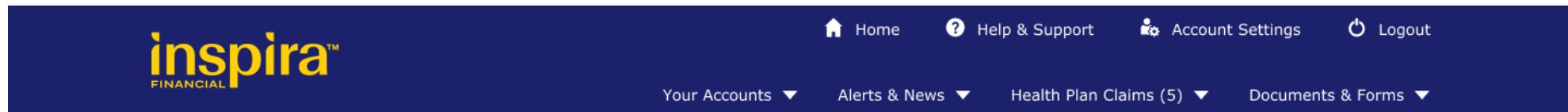
CONTINUE

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](#)

2 Where should we send your funds?

3 How will you send your documents to us?

4 Confirm 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



Home Help & Support Account Settings Logout

Your Accounts ▾ Alerts & News ▾ Health Plan Claims (5) ▾ Documents & Forms ▾

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

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[Share my screen](#)

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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**

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



Home Help & Support Account Settings Logout

Your Accounts ▾ Alerts & News ▾ Health Plan Claims (5) ▾ Documents & Forms ▾

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



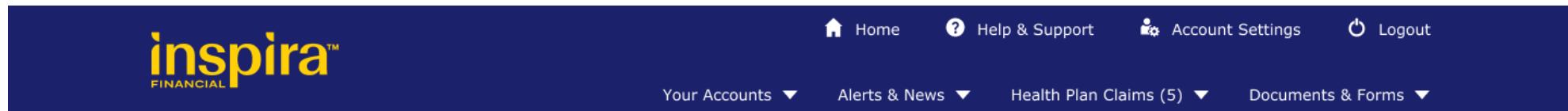
CONTINUE

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](#)

2 Where should we send your funds?

3 How will you send your documents to us?

4 Confirm and submit

Step 2 - Where should we send funds?



The image shows the top navigation bar of the Inspira Financial website. It features the Inspira logo on the left, followed by links for Home, Help & Support, Account Settings, and Logout. Below the main links are four dropdown menus: Your Accounts, Alerts & News, Health Plan Claims (5), and Documents & Forms.

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

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

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- 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



Home Help & Support Account Settings Logout

Your Accounts ▾ Alerts & News ▾ Health Plan Claims (5) ▾ Documents & Forms ▾

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

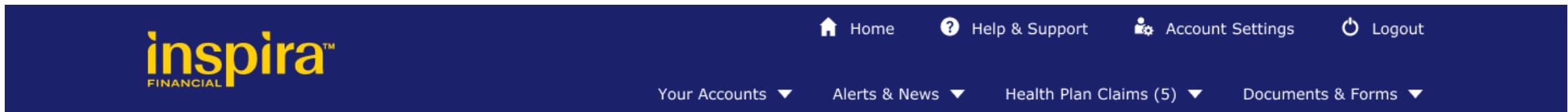
CANCEL

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[Share my screen](#)

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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](#)