DAVEVIC
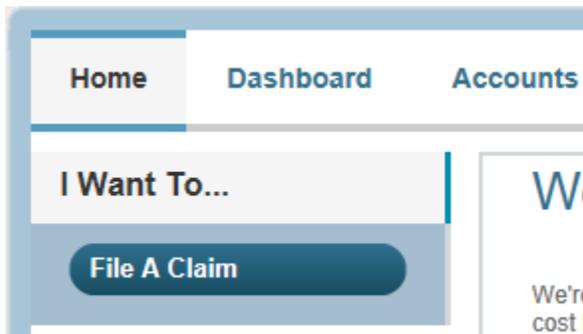
How to upload claims on the Consumer Portal:

1. After logging into your account click on the File A Claim button as show below.

2. Next under the Pay From section you will choose Medical which is the default and the pay to me section will always be "Me" even if it is for another dependent because the account will be in your name. After your done click submit and the next screen below will appear (see next page).

3. Next, click on Upload Valid Documentation to choose the file you wish to upload. If it is for HRA please make sure you are uploading the Explanation of Benefits (EOB's) and if for FSA you may use the invoices you receive. But, you can only choose one file at a time. Next click on Browse to find your file (see second screen) then click continue/submit/open from your personal drive then click submit on your portal screen as shown in the second picture. Then click next. <mark>This is very important</mark>…when uploading please make sure you are uploading each claim separately meaning date of service and providers. Please ***do not*** upload them all together this can cause confusion and pay out duplicate claims which will not leave enough money in the account to pay for other claims.

| Home | Dashboard | Accounts | Tools & Support | Statements & Notifications | Profile | | I Want to... ▼ |

Available Balance ⓘ

06-2017 FSA Unreimburs... ⓘ
$2,330.00

Plan Filing Rules

06/01/2017 - 05/31/2018

06-2017 FSA Unreimburs...

Accounts / File A Claim

Receipt / Documentation   * Required

Receipt(s) ⓘ   Upload Valid Documentation

Summary

Pay From   Medical

Pay To   Me

[Cancel]   [Previous]   [Next]

Upload Receipt(s)   ✕

[   ] [Browse...]   Remove

Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB
Add Another Receipt

[Cancel]   [Submit]

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4. The following screen will appear below. This is your online claim form. Make sure you have the date of service, provider and amount you are wishing to claim written down or have the file open so you can refer to it. Everything that has an (*) next to it must be filled in. Start and End date will be the same unless a date range is provided. If HRA please make sure you choose the HRA category and HRA type. Same thing for FSA make sure you are choose the FSA category and types. Then if the claim is for you choose your name if it is for a dependent choose them. If a dependent is not listed you may add them by clicking on Add Dependent. Then choose next after you are done.

Plan Filing Rules

06/01/2017 - 05/31/2018

06-2017 FSA Unreimburs...

Start Date of Service *	mm/dd/yyyy
End Date of Service *	mm/dd/yyyy
Amount *	$
Provider *	
Category * ⓘ	Select a category... ▾
Type *	Select a type... ▾
Description	

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

Recipient * ○ Patrick Johnson
○ Patrick Johnson Jr

Add Dependent

Summary

Pay From   Medical

Pay To   Me

Documentation Uploaded   Yes

Cancel   Previous   Next

5. You will then see the following screen. This is where you can choose to add another claim or if you are done hit submit. After hitting submit you will see the second screen below showing a confirmation which means you have completed everything and you are done. If you click add another claim it will take you back to the beginning for the new claim and you will just repeat these steps until you are done uploading each claim.

Accounts / Transaction Summary

Available Balance

06-2017 FSA Unreimburs... ⓘ

$2,310.00 **

** Balance reflects claims not yet submitted

Transaction Summary (1)

From	To	Expense	Amount	Approved Amount ⓘ		
06-2017 FSA Unreimbursed Medical	Me	Medical Deductible	$20.00	$20.00	Remove	Update
Total Amount			$20.00	$20.00		

Cancel   Save for Later   Add Another   Submit

Accounts / Transaction Confirmation

Available Balance

06-2017 FSA Unreimburs... ⓘ

$2,310.00

Confirmation   Print Confirmation

Please click the "Receipts Needed" link below and upload your receipt(s).

Successfully Submitted

From	To	Amount	Approved Amount	Receipt Status
06-2017 FSA Unreimbursed Medical	Me	$20.00	$20.00	Uploaded(1) Upload another Receipt
Total Approved Amount			$20.00	