

HOW TO SUBMIT CLAIMS FOR PAYMENT - FSA

PAY CLAIMS QUICKLY ONLINE



You can pay eligible health care expenses right from your Flexible Spending Account (FSA) using your member website. Log in to your account, and then click the **Claims** tab on your personal "Welcome" page.

CLAIMS AND PAYMENTS		Download Summary
▶ Sample Employee Date of Service: 07/17/2014 Group #: 111111 Claim: 222222 Pharmacy Approved	Your Cost \$6.50	PAY CLAIM
▶ Sample Employee Date of Service: 07/17/2014 Group #: 111111 Claim: 333333 Family Med In Process	Your Cost In Process	
▶ Sample Employee Date of Service: 07/17/2014 Group #: 111111 Claim: 444444 Pharmacy Approved	Your Cost \$28.15	PAY CLAIM

To pay claims that have been processed by your health plan, click on **Claims & Payments**.

Find the claim you want to pay and click **Pay Claim**.

PAY CLAIMS

PAY TO
Select

PAY FROM
Health Savings Account

SELECT SERVICES:
Pay up to 5 items at a time. You can come back to submit more if needed. If you have already paid or do not plan to use your spending account to pay, choose "Mark as paid."

<input type="checkbox"/> Mark as Paid	\$6.50 X
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Total Selected for Payment: \$0.00

CANCEL **NEXT**

Depending on your account setup, payments from your FSA will be sent to either you or your provider.

Select your **Pay To** preference. The options available depend on your account setup.

If you've already paid, or don't want your spending account to pay, choose **Mark as Paid**. This will help you track your expenses and avoid duplicate payments. You can always "uncheck" the **Mark as Paid** box and select **Pay Claims** later if your situation changes. After you've selected the services you want to pay, click **Next**.

When you click **Submit** on the next page, your claim has been submitted successfully.

SUBMIT

Hint! Sign up for Direct Deposit. It is the fastest way to get your money!

ENTER A NEW CLAIM

Step 1: Type in Your Claim Information



You can also submit other eligible health care expenses not covered by your health plan by entering them on the **Spending** tab. Simply click on **SUBMIT NEW CLAIM**.

YOUR HEALTH PLAN INFORMATION

Confirm your health plan information and then click **GO**.

SUBMIT CLAIMS

Category: *
Pick a Category

Type: *
Pick a Type

Service Provider: *
Service Provider Name

Amount: *
0.00

Service Date Begin: *
[Calendar icon]

Enter your claim information in the required fields and click **SAVE**.

Scroll down and review your details. If they are correct, click **Review**. If not, the **Delete** button allows you to go back and make changes.

REVIEW

DELETE

Next, click **Submit All**. You will see a **Success!** message. Now, you can submit your claim receipts next.

SUBMIT ALL

Step 2: Submit Your Receipts for Payment

CLAIMS YOU ENTERED
See spending claims you entered. Other claims can be found under Claims.

Spending Summary

Spending Account Summary

Spending Refine

SPENDING CLAIMS

Date Submitted: 07/25/2014	Amount: \$25.00
SAMPLE DOCTOR (07/21/2014)	In-Process
RECEIPT REQUIRED	
Date Submitted: 07/14/2014	Amount: \$55.75
DOCTOR 123 (07/12/2014)	In-Process

From the **Spending** tab, click on **Spending** in the left of the web page to locate the claims you just entered. Then, just click on **Receipt Required**.

DATE	ACCOUNT	FROM	CATEGORY	TRANSACTION/ ID	AMOUNT/ DETAILS	UPLOAD IMAGE
07/21/2014	FSA	SAMPLE DOCTOR	Medical	703/ 9254	\$25.00	
07/10/2014	FSA	DOCTOR ABC	Medical	675/ 9216	\$50.75	
04/16/2014	FSA	PROVIDER A	Medical	676/ 9217	\$50.25	

Next, scan your receipt or upload a copy from your provider or insurer, then save it to your computer. You can also take a picture using your smartphone. Click **Upload Image** and follow the online instructions to attach your saved image. Then, click **Submit** - and you're done!

ALERTS

Find out what needs your attention to keep your account running smoothly.

- Receipts Required for Claim Payment

If you forget to submit your receipts, you'll see an **Alert!** message when you log in. Just click on it, and follow the screen prompts to submit your receipts.

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