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## File a claim online (continued)

To pay your provider direct from your reimbursement account, follow these steps.

- Under Account Actions, click File a claim.
- Select your expense type.
- Enter the amount of your eligible expense. For the date of the expense, select the date you received the care, item or service. Then select who the expense is for and click Continue.
- Review your claim details. You can edit, remove, add another expense or continue.
- To send payment to a health care provider, select Send funds to someone else.
- Select a recipient or add a new one. Under *Additional payment information*, enter your phone number and the name of the person who received the care/services. If you have an account number or invoice number for your payment, be sure to enter it. It can help your provider apply your payment correctly.
- Review your payment information. To make changes, click Edit. Otherwise, click Continue.
- You can upload, fax or mail your supporting documents. If select upload, your documents must be saved to your computer.

If you choose to fax/mail your supporting documents, you must download a coversheet after you submit your claim. Then print and send it with your documents.

- Read the claim certification statement and check the box to sign your claim. Then click Submit. If your claim is submitted successfully, you'll see a confirmation message.

**IMPORTANT NOTE:** You can upload documents in JPG, PNG, GIF or PDF. The total size limit is 10MB. Your documents must show merchant/provider name, patient name, date of service, description of service and total amount you had to pay.

## Order an additional PayFlex Card® for your spouse or dependent

- To order a card, click on Account Settings at the top of the page, then select PayFlex Card.
- Click