



PAYFLEX[®]

PayFlex Card[®]

How to verify your card purchases online

Experience simple.

The PayFlex Card®

The PayFlex Card makes it easy for you to spend the money in your PayFlex account.

The card will use the funds in your PayFlex account to pay for eligible expenses. Just be sure you have enough funds available.

Note: If you have multiple PayFlex accounts, you'll use the same card.



Requests for documentation

The IRS guidelines requires PayFlex to verify all purchases made with a PayFlex Card are for eligible expenses. This means:

- We may ask you to send us additional documents for your card purchase to prove your expense is truly eligible.
- You may see an alert message posted on the PayFlex member website.
- You may get a **Request for Documentation letter** by mail or email.

QUICK TIP: To help prevent requests for documentation, wait until you receive a benefits statement or Explanation of Benefits (EOB). These documents show the amount you owe after your health plan processes your claim. Then you can use your PayFlex Card for payment.

Why do we request documentation?

Some common reasons are:

- You used the card for an expense that was “pending” with your health plan or insurance carrier. This means, the claim wasn’t fully processed.
- The description we receive from the merchant/provider doesn’t show the type of expense. This can happen with dental and hospital expenses.
- You used your PayFlex Card at a merchant that doesn’t accept health care cards.

IMPORTANT things to keep in mind:

- Save all of your detailed receipts, statements and Explanations of Benefits (EOBs) from your health plan.
- Check the PayFlex member website and/or PayFlex Mobile® app for alerts about your card purchases.
- Always respond to requests for documentation. If you don’t respond, we may suspend your card.



Requests for Documentation letters

What can you expect?

The Request for Documentation letter explains you need to take action on your account and how. And it includes the PayFlex Card purchases you need to confirm are eligible.

You may get two letters. If this happens:

- You'll have 28 calendar days to respond to the first letter.
- If you don't respond, you'll receive a second letter and have another 28 calendar days to respond.
- If you still don't respond, we'll suspend your card until you verify the expense is eligible, submit a replacement claim OR send payment.



Types of documents to submit

Explanation of Benefits (EOB) – This is the best form of documentation. If the claim goes through your health plan, you'll receive an EOB from them.

Detailed receipt or itemized statement – Send a receipt or itemized statement that shows:

- Date of service
- Provider or merchant name
- Description of your purchase or the type of service
- Final amount you had to pay
- Patient or dependent name (if applicable)

Prescription drug receipt – If you're sending a receipt, it must contain the pharmacy name, patient name, drug name (if listed), date you filled the drug, and the amount you paid.

Note: We can't accept a cancelled check, credit card receipt, or a balance due statement.

Other ways to verify a card purchase

If you can't find your supporting documents OR you used your PayFlex Card in error, there are other ways to verify a card purchase.

<p>Option 1 Send another eligible expense</p>	<p>Option 2 Pay back your account</p>	<p>Option 3* Apply health plan claims</p>
<ul style="list-style-type: none"> • Submit a claim for another eligible expense. • Include the Explanation of Benefits (EOB), itemized statement OR detailed receipt for your eligible expense. It must be from the same plan year. • You can submit the claim through the PayFlex member website, PayFlex Mobile® app, OR complete a paper claim form fax or mail it to us. • Make sure the expense wasn't already paid for with your PayFlex Card. • Make sure you haven't received reimbursement for the expense. 	<ul style="list-style-type: none"> • Send a personal check or money order to PayFlex for the amount of the unverified card purchase. • Include a copy of the Request for documentation letter with your payment. 	<p>*Only available if your plan offers the Connected Claims feature.</p> <ul style="list-style-type: none"> • You can use your unreimbursed health plan claims ("Connected Claims") to help verify your card purchase. • You'll do this through the PayFlex member website – When you're on your account detail page, select the Verify card purchases tile to get started.

How to verify card purchases
on the PayFlex member website

Go to payflex.com, click **SIGN IN**.

PAYFLEX®

[Products & Services](#)

[Individuals](#)

[Employers](#)

[Consultants](#)

[About Us](#)

[SIGN IN](#)

Welcome to PayFlex®

Financial wellness made simple.

Access your account

[SIGN IN](#)

First time user?

[Create your profile](#)



Enter your username and password. Or select
CREATE YOUR PROFILE.

PAYFLEX[®]

EMPLOYER

CONSULTANT

Member login

SIGN IN

[Forgot your username or password?](#)

First time user?

CREATE YOUR PROFILE



First time users - Complete this page to verify your identity.

QUICK TIP: Your ID number may be your Social Security number, Employee ID or employer designated number.

PAYFLEX®

SIGN IN

Get Started



Find Me

Complete the following fields. If you're an employer or consultant, you'll need to contact your PayFlex Account Manager to create your profile.

*Indicates required field

Last Name*:

Mailing address*:

ZIP code*:

Your ID number*:

Last 4 characters of your ID number*:

Date of birth



SUBMIT

For cardholders only – enter the last 8 digits of your card number.

PAYFLEX®

SIGN IN

Get Started



Find Me

Enter the last eight digits of your PayFlex Card® number.

*Indicates a required field.

PayFlex Card Number*:

Submit

Enter your email address and phone number.

We may use this information to update you on important account activity.

PAYFLEX[®]

Secure Access



Your contact information

Enter your email address and phone numbers below. We may use this information to update you on important account activity.

*Indicates a required field

Email address*

Confirm email address*

Phone number* ⓘ


Mobile phone number* ⓘ

Request a verification code to be sent by email or text.

This is how we verify your account. And it helps us remember your device and browser the next time you login.

PAYFLEX® SIGN IN


Secure Access




Request a verification code

We're happy to remember this device and browser for you. Before we do that, we need to verify your account. To get started, request a verification code below. If you already have a code from us, select **I received my verification code**. You'll only have to do this once for this device and browser.

Email my verification code




Add your mobile phone number here.




Update my contact information

You can update your email address or phone numbers here.



I received my verification code

You can verify your account here by using the code we sent you.




OR

Enter your verification code.

PAYFLEX® SIGN IN

Secure Access



Verify your account

Enter the verification code we sent you.

Verification code

Didn't get a code ? [Request a new verification code.](#)

SUBMIT

Create your profile

After you verify your account, you'll create your profile. We'll ask you to:

- Create a username and password
- Set up security questions and answers
- Review/accept the Online Services Agreement

QUICK TIP: After you create a username and password, you can use it to log into the PayFlex Mobile[®] app.

Create my profile



Welcome

Complete the following fields to create your profile. The username and password you choose will also work for the PayFlex Mobile[®] app.

*Indicates a required field

Create a username*:

Create a password*:

Confirm password*:

Security Question 1*:

Answer 1*:

Security Question 2*:

Answer 2*:

Security Question 3*:

Answer 3*:

Review the [Online Services Agreement](#)

I have received, read, understand and agree to the terms of this agreement.*

Your initials*:

Upload documents
to verify your card purchase

After you log in,
select **View**
account details.


PAYFLEX[®] [Home](#) [Help & Support](#) [Account Settings](#) [Sign Out](#)

[Your Accounts](#) [Alerts & News](#) [Health Plan Claims](#) [Documents & Forms](#)

Hello, LINDA

Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼
ABC Sample Company


\$ 475⁰⁰ available funds ?	Annual election ? \$5,000.00
	Deposits ? \$500.00
\$475.00 available funds \$25.00 spent funds	Spent Funds ? \$25.00
	Last day to spend funds ? December 31, 2018
	Last day to file claims ? March 31, 2019

Account Actions
[View account details >](#)
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼
ABC Sample Company

\$ 2,054⁰⁰ available funds ?	Annual election ? \$2,500.00
	Spent Funds ? \$446.00
\$2,054.00 available funds \$446.00 spent funds	Last day to spend funds ? December 31, 2018
	Last day to file claims ? March 31, 2019

Account Actions
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[File a claim >](#)
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Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.



Select **Verify card purchases.**

QUICK TIP: You'll only see this option under Account activity, if you have unverified card purchases.

PAYFLEX® Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$2,054⁰⁰ available funds ⓘ

\$2,054.00 available funds \$446.00 spent funds

Spending snapshot

\$446.00 total funds spent

- Medical
- Vision
- Prescription
- Dental

Last day to spend funds ⓘ
December 31, 2018

Last day to file claims ⓘ
March 31, 2019

Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

Account activity

<h3>Claims</h3> <p>You can view claims you sent us here.</p>	<h3>To-do list</h3> <p>You have 2 items on your to-do list. Be sure to review the items today.</p>
<h3>Transactions</h3> <p>You can view your transactions here. This may include payments, deposits and withdrawals.</p>	<h3>Verify card purchases</h3> <p>Action required. You need to verify a card purchase is eligible.</p>

Select a card purchase to verify.

Verify card purchases

[< Back](#)

We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

Date	Description	Amount	
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$22.22)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$23.23)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$25.25)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$27.27)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$30.30)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$32.32)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$35.35)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$37.37)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$40.40)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$43.43)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$45.45)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$48.48)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$50.50)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$53.53)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$55.55)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$57.57)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$63.63)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$65.65)	view

Click on **Verify Card Purchase**.

Transaction details: Healthcare (FSA)

[< Back to my account](#)

Date	Description	Amount	Balance
10/29/2018	Debit card purchase – THE MEDICINE SHOPPE #5 BELTON	(\$22.22)	\$995.98

Action required. You need to verify this card purchase is eligible.

VERIFY CARD PURCHASE



Transaction ID	Payment method	Expense Type
1020418	Debit Card purchase	Prescription

Documents you sent
No documents at this time.
Documents we sent you
No documents at this time.

Click on **Upload documents.**

Verify my card purchase

Choose how you want to verify your card purchase is eligible.

Upload documents



Select this option to upload supporting documents for your card purchase.



Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.


Apply health plan claims





Select this option to use your health plan claims to help verify your card purchase.

You can drag and drop your files to the grey box OR click on **Select File to Upload**.

PAYFLEX[®]

 Home

 Help & Support

 Account Settings

 Sign Out

Your Accounts ▼

Alerts & News ▼

Documents & Forms ▼

Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

Upload documents

Drag and drop your files here

OR

SELECT FILE TO UPLOAD

CANCEL

SUBMIT

Click on **Browse** to select your document from your computer.

QUICK TIPS: You can upload documents in JPG, GIF, PNG or PDF. They must show the merchant/provider name, patient name, date of service, description of service and final amount you had to pay.

The screenshot displays the PAYFLEX website interface. At the top, the PAYFLEX logo is on the left, and navigation links for Home, Help & Support, Account Settings, and Sign Out are on the right. Below the navigation bar, there are three main menu items: Your Accounts, Alerts & News, and Documents & Forms. The main content area is divided into two sections: 'Apply health plan claims' and 'Upload documents'. The 'Apply health plan claims' section includes an icon of a plus sign and a checkmark, with the text 'Select this option to use your health plan claims to help verify your card purchase.' The 'Upload documents' section has a question mark icon. A modal dialog box titled 'Select a file' is open in the center, featuring a 'BROWSE' button, a text input field, and 'CANCEL' and 'UPLOAD' buttons. In the bottom left corner of the page, there are 'CANCEL' and 'SUBMIT' buttons.

Once you select your document, click **Upload**.

The screenshot displays the PAYFLEX user interface. At the top, a dark blue navigation bar contains the PAYFLEX logo on the left and navigation links for Home, Help & Support, Account Settings, and Sign Out on the right. Below the navigation bar, there are three menu items: Your Accounts, Alerts & News, and Documents & Forms. The main content area is divided into two sections. The top section, titled 'Apply health plan claims', includes an icon of a plus sign in a circle and a document with a checkmark, with the text 'Select this option to use your health plan claims to help verify your card purchase.' The bottom section, titled 'Upload documents', features a large grey rectangular area for document selection. A modal dialog box is open in the foreground, titled 'Select a file', with a close button (X) in the top right corner. The modal contains a blue 'BROWSE' button, a text input field containing 'Test.pdf', and two buttons at the bottom: a white 'CANCEL' button and a blue 'UPLOAD' button. In the background, the 'Upload documents' section has a 'CANCEL' button on the left and a 'SUBMIT' button on the right.

You can upload more than one document. The total size limit is 10MB. Once you upload all of your documents, click **Submit**.

Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

Upload documents ?

Drag and drop your files here
OR
SELECT FILE TO UPLOAD

Uploaded documents (0.02MB of 10MB)

Test.pdf	0.02MB	Remove
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CANCEL

SUBMIT

Below is the message you'll see if your upload was a success. And under **Documents you sent**, you'll see a link with your uploaded documents.

The screenshot displays the PAYFLEX user interface. At the top, there is a dark blue navigation bar with the PAYFLEX logo on the left and navigation links for Home, Help & Support, Account Settings, and Sign Out on the right. Below this, a secondary navigation bar contains 'Your Accounts', 'Alerts & News', and 'Documents & Forms'. The main content area features a table with transaction details and a sidebar with document management options.

Transaction ID	Payment method	Expense Type
1020418	Debit Card purchase	Prescription

Documents you sent
[Card Claim Documentation, 01/02/2019](#)

Documents we sent you
No documents at this time.

Verify my card purchase

Upload documents

Success! We received your documents and will review them soon. Check back later for results.

Two red arrows are overlaid on the image: one points from the 'Expense Type' column of the table to the 'Documents you sent' section, and the other points from the 'Upload documents' link to the success message.

View the status of your transaction: Select your account from “Your Accounts” drop-down menu. Click on **Transactions**. Then select the transaction you want to view. The grey box will display the status.

PAYFLEX®

[Home](#) [Help & Support](#) [Account Settings](#) [Sign Out](#)

[Your Accounts](#) [Alerts & News](#) [Documents & Forms](#)

Transaction details: Healthcare (FSA)

[< Back to my account](#)

Date	Description	Amount	Balance
10/29/2018	Debit card purchase – THE MEDICINE SHOPPE #5 BELTON	(\$22.22)	\$995.98

We received your documents and will review them soon. Check back later for results.

Transaction ID 1020418	Payment method Debit Card purchase	Expense Type Prescription
----------------------------------	--	-------------------------------------

Documents you sent
[Card Claim Documentation, 01/02/2019](#)

Documents we sent you
No documents at this time.

Fax/mail documents
to verify your card purchase

After you log in,
select **View**
account details.

PAYFLEX®

Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Hello, LINDA

Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ 475⁰⁰ available funds

Annual election [?](#) **\$5,000.00**

Deposits [?](#) **\$500.00**

Spent Funds [?](#) **\$25.00**

Last day to spend funds [?](#) **Last day to file claims** [?](#)

December 31, 2018 March 31, 2019

Account Actions

- [View account details >](#)
- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ 2,054⁰⁰ available funds

Annual election [?](#) **\$2,500.00**

Spent Funds [?](#) **\$446.00**


Last day to spend funds [?](#) **Last day to file claims** [?](#)

December 31, 2018 March 31, 2019

Account Actions

- [View account details >](#)
- [File a claim >](#)
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Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.



Select Verify card purchases.

QUICK TIP: You'll only see this option under Account activity, if you have unverified card purchases.

PAYFLEX® Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$2,054⁰⁰ available funds [?](#)

\$2,054.00 available funds \$446.00 spent funds

Spending snapshot

\$446.00 total funds spent

- Medical
- Vision
- Prescription
- Dental

Last day to spend funds [?](#)
December 31, 2018

Last day to file claims [?](#)
March 31, 2019

Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

Account activity

Claims

You can view claims you sent us here.

To-do list

You have 2 items on your to-do list. Be sure to review the items today.

Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.

Verify card purchases

Action required. You need to verify a card purchase is eligible.

Select a card purchase to verify.

Verify card purchases

[< Back](#)

We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

Date	Description	Amount	
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$22.22)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$23.23)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$25.25)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$27.27)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$30.30)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$32.32)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$35.35)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$37.37)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$40.40)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$43.43)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$45.45)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$48.48)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$50.50)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$53.53)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$55.55)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$57.57)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$63.63)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$65.65)	view

Click on Verify Card Purchase.

Transaction details: Healthcare (FSA)

[< Back to my account](#)

Date	Description	Amount	Balance
10/29/2018	Debit card purchase – THE MEDICINE SHOPPE #5 BELTON	(\$23.23)	\$972.75

Action required. You need to verify this card purchase is eligible.

VERIFY CARD PURCHASE



Transaction ID 1020420	Payment method Debit Card purchase	Expense Type Prescription
----------------------------------	--	-------------------------------------

Documents you sent No documents at this time.
Documents we sent you No documents at this time.

Click on Fax/mail documents.

Verify my card purchase

Choose how you want to verify your card purchase is eligible.

Upload documents



Select this option to upload supporting documents for your card purchase.

Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.



Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

Click on Create Coversheet.

Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

Fax/mail documents

You can fax or mail supporting documents for review. First create a coversheet. Then send it with your documents. Your documents must show:

- Merchant/provider name
- Patient name
- Date of service
- Description of service
- Final amount you had to pay

CANCEL

CREATE COVERSHEET



Click on **Download Coversheet**. Print and fax or mail along with your supporting documents.

QUICK TIP: Your documents must show the merchant/provider name, patient name, date of service, description of service and final amount you had to pay.

Fax/mail documents

✓ Success! We received your request. Now you need to download your coversheet and fax or mail it with your documents.

Your documents must show:

- Merchant/provider name
- Patient name
- Date of service
- Description of service
- Final amount you had to pay

Your card purchase will show "Action re

DOWNLOAD COVERSHEET

PAYFLEX®

Documentation for PayFlex Card Purchases

Use this letter as your fax coversheet
Page 1 of 1 Fax to:(402) 231-4317

Date: January 2, 2019

DEBIT CARDFIVE
12TH STREET
OMAHA, NE 68154

ACTION REQUIRED

Fax this letter and supporting documentation to: **(402) 231-4317**
(OR)

Mail this letter with supporting documentation OR payment to:
PayFlex Systems USA, Inc.
FLEX DEPARTMENT P.O. BOX 3039,
OMAHA, NE 68103-3039

Document ID: 26966684
Employer ID: 22944
Employer Name: ClientCardUAT

View the status of your transaction: Select your account from “Your Accounts” drop-down menu. Click on **Transactions**. Then select the transaction you want to view. The grey box will display the status.

PAYFLEX®

Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Documents & Forms

Transaction details: Healthcare (FSA)

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Date	Description	Amount	Balance
10/29/2018	Debit card purchase – THE MEDICINE SHOPPE #5 BELTON	(\$23.23)	\$972.75

Action required. Fax or mail your supporting documents to verify your card purchase is eligible.

VERIFY CARD PURCHASE

Transaction ID	Payment method	Expense Type
1020420	Debit Card purchase	Prescription

Documents you sent

[Card Claim Documentation Fax Coversheet, 01/02/2019](#)



Documents we sent you

No documents at this time.

Apply health plan claims
to verify your card purchase

After you log in,
select **View**
account details.

PAYFLEX®

Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Hello, LINDA

Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼
ABC Sample Company

\$ 475⁰⁰ available funds ⓘ	Annual election ⓘ \$5,000.00
Deposits ⓘ \$500.00	Spent Funds ⓘ \$25.00

Last day to spend funds ⓘ December 31, 2018 **Last day to file claims** ⓘ March 31, 2019

Account Actions
[View account details >](#)
[File a claim >](#)
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[Set up account notifications >](#)

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Healthcare (FSA)


1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼
ABC Sample Company

\$ 2,054⁰⁰ available funds ⓘ	Annual election ⓘ \$2,500.00
Spent Funds ⓘ \$446.00	

Last day to spend funds ⓘ December 31, 2018 **Last day to file claims** ⓘ March 31, 2019

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[View account details >](#)
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Select Verify card purchases.

QUICK TIP: You'll only see this option under Account activity, if you have unverified card purchases.

PAYFLEX® Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$2,054⁰⁰ available funds [?](#)

\$2,054.00 available funds \$446.00 spent funds

Spending snapshot

\$446.00 total funds spent

- Medical
- Vision
- Prescription
- Dental

Last day to spend funds [?](#)
December 31, 2018

Last day to file claims [?](#)
March 31, 2019

Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

Account activity

Claims

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Transactions

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Verify card purchases

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Verify card purchases

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We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

Date	Description	Amount	
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$22.22)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$23.23)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$25.25)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$27.27)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$30.30)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$32.32)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$35.35)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$37.37)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$40.40)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$43.43)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$45.45)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$48.48)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$50.50)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$53.53)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$55.55)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$57.57)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$63.63)	view
10/29/2018	Debit card purchase - THE MEDICINE SHOPPE #5 BELTON	(\$65.65)	view

Click on **Verify Card Purchase**.

Transaction details: Healthcare (FSA)

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Date	Description	Amount	Balance
10/29/2018	Debit card purchase – THE MEDICINE SHOPPE #5 BELTON	(\$25.25)	\$947.50

Action required. You need to verify this card purchase is eligible.

VERIFY CARD PURCHASE



Transaction ID	Payment method	Expense Type
1020422	Debit Card purchase	Prescription

Documents you sent
No documents at this time.

Documents we sent you
No documents at this time.

Click on **Apply health plan claims.**

QUICK TIP: You'll only see this option if you have eligible health plan claims available.

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Verify my card purchase

Choose how you want to verify your card purchase is eligible.

Upload documents



Select this option to upload supporting documents for your card purchase.

Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

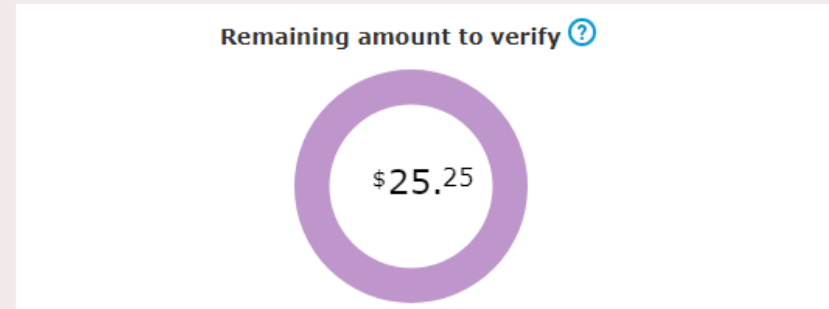


Select the claims you want to apply.

1 Select claims to apply

Below is the transaction you selected to "verify" with your unreimbursed health plan claims. To get started, select the claim(s) you want to apply.

Transaction date: 10/29/2018
Transaction amount: \$25.25
Unverified amount: \$25.25
Description: THE MEDICINE SHOPPE #5 BELTON



CLEAR ALL SELECTIONS

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
<input type="checkbox"/>	QDBA82P1S04 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$13.41	\$13.41
<input type="checkbox"/>	NRBA82P1S08 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$14.42	\$9.65
<input type="checkbox"/>	NDBA82P1S06 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$10.40	\$2.88
<input type="checkbox"/>	QUBA82P1S03 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$17.45	\$0.34
<input type="checkbox"/>	OADC82P1S03 Aetna	10/29/2018	Lowell General	Medical	\$11.40	\$0.09

Once you select enough claims to verify your card purchase, click **Continue**.

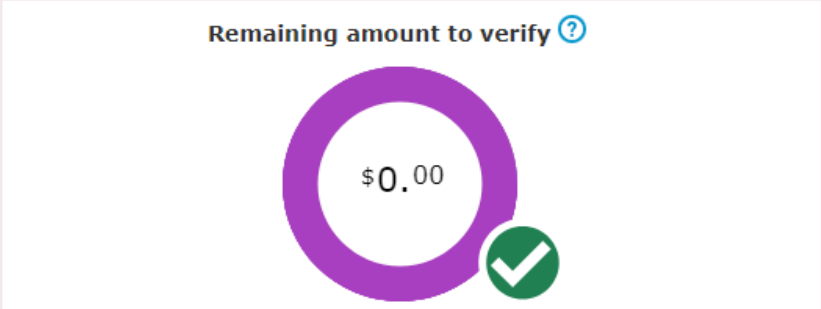
QUICK TIP: "Remaining amount to verify" chart should show \$0.00.

Apply my health plan claims

1 Select claims to apply ?

Below is the transaction you selected to "verify" with your unreimbursed health plan claims. To get started, select the claim(s) you want to apply.

Transaction date: 10/29/2018
Transaction amount: \$25.25
Unverified amount: \$25.25
Description: THE MEDICINE SHOPPE #5 BELTON



CLEAR ALL SELECTIONS

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
<input checked="" type="checkbox"/>	QDBA82P1S04 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$13.41	\$13.41
<input checked="" type="checkbox"/>	NRBA82P1S08 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$14.42	\$9.65
<input checked="" type="checkbox"/>	NDBA82P1S06 Aetna	10/29/2018	Lowell General	Medical	\$10.40	\$2.88

Review the claims you selected and click **Continue**. To make changes, go back to Step 1.

Apply my health plan claims

1 Select claims to apply [?](#)

2 Review selected claims

Review your selected health plan claims. To make changes, go back to Step 1.

Order	ID	Date of Service	Provider name	Expense type	Claim amount	Available to apply	Applied amount
1	QDBA82P1S04 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$13.41	\$13.41	\$13.41
2	NRBA82P1S08 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$14.42	\$9.65	\$9.65
3	NDBA82P1S06 Aetna Test Carrier	10/29/2018	Lowell General Hospital	Medical	\$10.40	\$2.88	\$2.19

CONTINUE

3 Certify and submit

back

Certify and submit your request to apply the health plan claims to your card purchase.

Apply my health plan claims

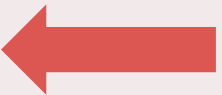
1 Select claims to apply [?](#)

2 Review selected claims

3 Certify and submit

I certify that my spouse, eligible dependent or I have incurred the expenses listed in Step 2. I haven't received reimbursement for any of these expenses. And I won't seek reimbursement elsewhere, including from a Health Savings Account (HSA). If I receive reimbursement, my spouse or I won't claim the same expenses on our income tax return.

SUBMIT




CANCEL

Below is the message you'll see if your request was a success.

QUICK TIPS: If your health plan claims exceed your card purchase amount, you can request funds from your account now. We've also made it convenient for you to take action on other unverified card purchases, if applicable.

Apply my health plan claims

 **Success! We've applied your health plan claim(s) to your card purchase.**

We'll consider your purchase "verified." This means you won't have to send us documents for that card purchase.

Your health plan claim(s) exceeded your card purchase amount by **\$0.69**. This amount is still available for you to take action. You can even submit a request to send the funds to you.

[I would like to request funds from my account >](#)



You have **16** card purchases that need to be verified.

[TAKE ME TO MY DASHBOARD](#)

[VERIFY MY CARD PURCHASES](#)



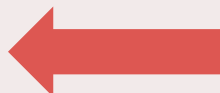
View the status of your transaction: Select your account from "Your Accounts" drop-down menu. Click on **Transactions**. Then select the transaction you want to view. The grey box will display the status.

Transaction details: Healthcare (FSA)

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Date	Description	Amount	Balance
10/29/2018	Debit card – THE MEDICINE SHOPPE #5 BELTON	(\$25.25)	\$947.50

No action needed. This card purchase has been verified.
You verified this purchase by applying health plan claims.



Service date	Claim amount	Amount applied	
10/29/2018	\$13.41	\$13.41	View more info
10/29/2018	\$9.65	\$9.65	View more info
10/29/2018	\$2.88	\$2.19	View more info

[CHANGE MY VERIFICATION METHOD](#)

Transaction ID 1020422	Payment method Debit Card purchase	Expense Type Prescription
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Documents you sent No documents at this time.
