

醫療報銷帳戶— 線上提交索償使用者指南

您的醫療報銷帳戶是節省符合條件的醫療保健費用的好方法，HealthEquity/WageWorks 在努力簡化索償和償還流程。

本指南概述了使用 HealthEquity/WageWorks 網站的索償和提交流程以及「向我的提供者付款」(PMP) 流程。

部分	頁碼
1. 線上提交索償	2
2. 向我的提供者作出一次性付款	7
3. 設定向我的提供者定期付款	11
4. 聯絡資訊	15

在介紹這些步驟之前，請瞭解有關索償流程的一些資訊：

- 醫療報銷帳戶 (MRA) 是一個醫療保健帳戶，其資金可用於支付符合條件的醫療保健費用。這意味著若要拿回您的資金，您必須先提供文件來證明該費用符合報銷條件。
- 您需要提交收據或其他包含下列資訊的相關文件：
 - 提供者名稱
 - 患者姓名
 - 服務類型
 - 服務日期
 - 付款憑證

線上索償流程

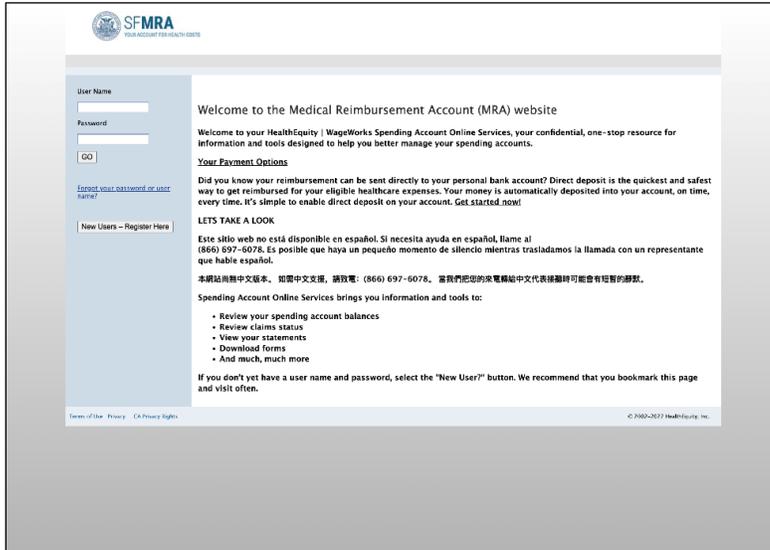
建立帳戶

要開始索償，您需要先登入您的帳戶，網址為 participant.wageworks.com/sfmra。如果您尚未建立帳戶，則需要先建立帳戶。

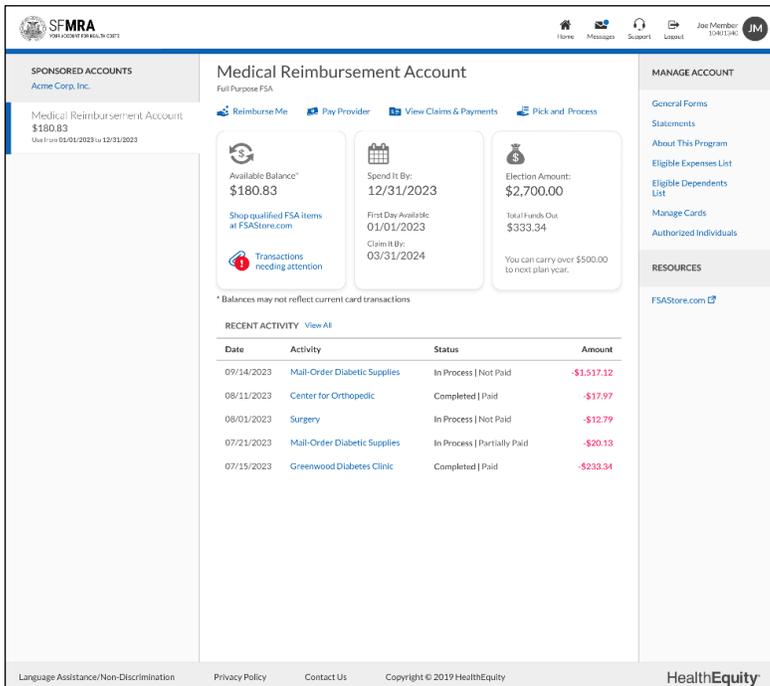
提出索償

在您註冊帳戶並建立使用者名稱和密碼後，即可提交符合條件的醫療保健費用的索償。
透過入口網站提交索償：

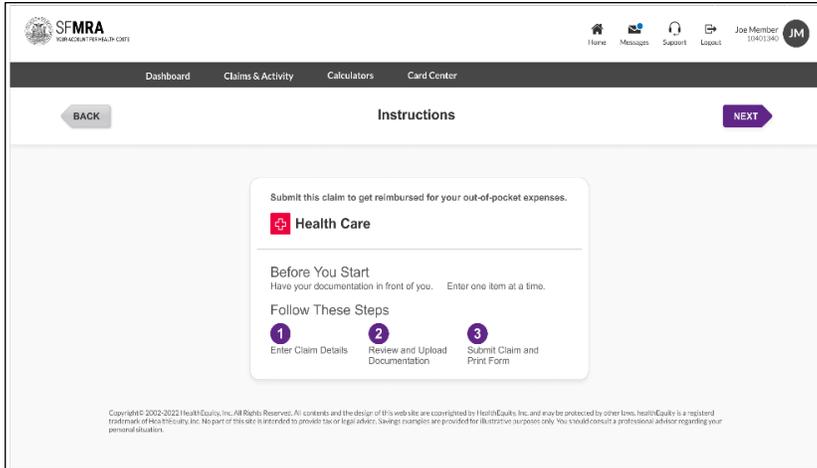
1. 登入您的 HealthEquity/WageWorks 帳戶：participant.wageworks.com/sfmra



2. 在主儀錶板上點擊「Reimburse Me」



3. 查看索償提交說明並點擊「Next」

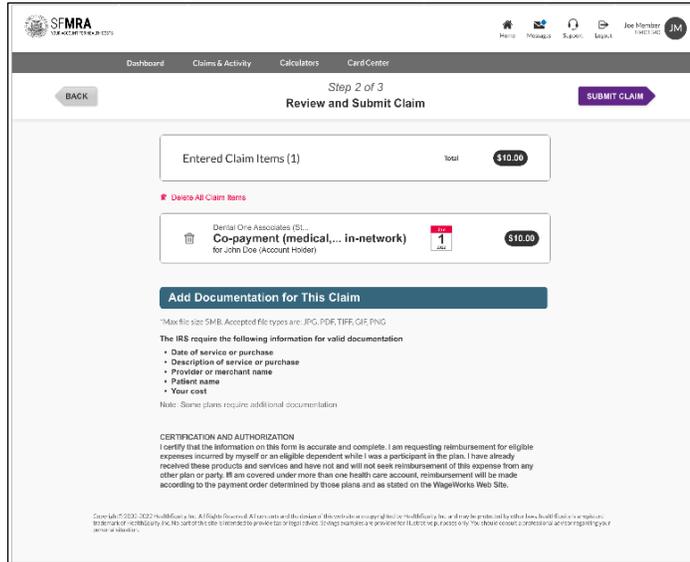


4. 填寫所有需要的資料

- 點擊「Next – No More Items for This Claim」

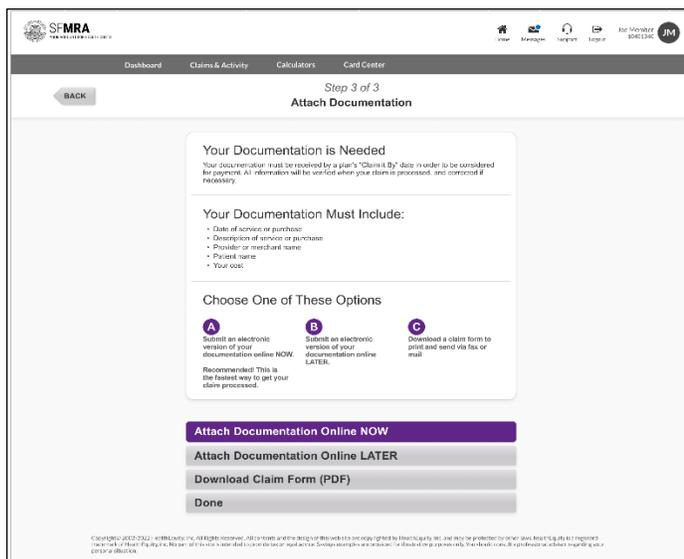
5. 審查並提交或保存索償

- 如提交時需要收據證明，將顯示一條「已儲存但需要收據 (Saved but Need Receipt)」的訊息彈出



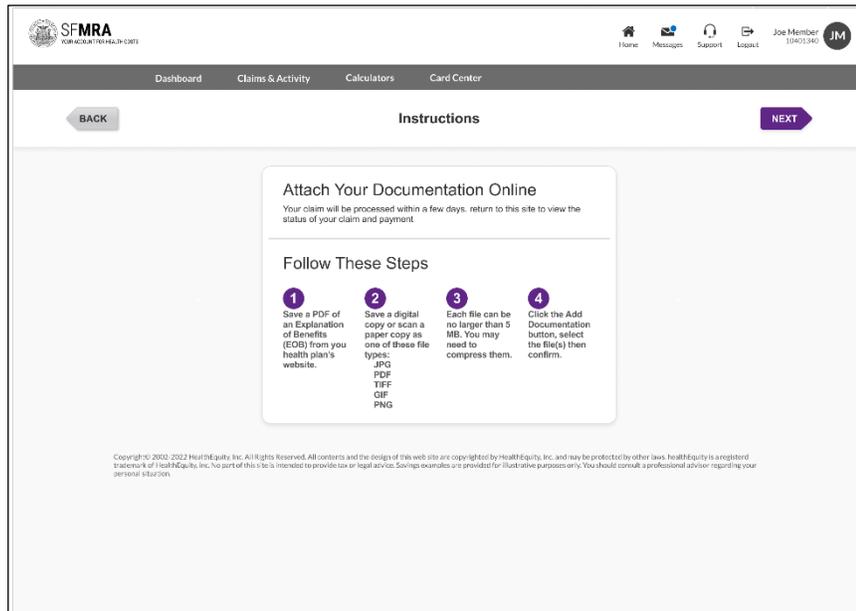
6. 要提交收據，您有三種方法：

- 立即線上提交收據（建議使用，以便加快處理）
- 稍後線上提交收據（在提交收據之前，索償將顯示「待處理狀態」）
- 下載索償表（索償表已預先填寫線上輸入的資料，可透過傳真或郵寄連同您的收據一起發送以進行處理）



7. 立即提交收據：

- 點擊「“Submit Receipt NOW”」
- 點擊指示螢幕上的「NEXT」

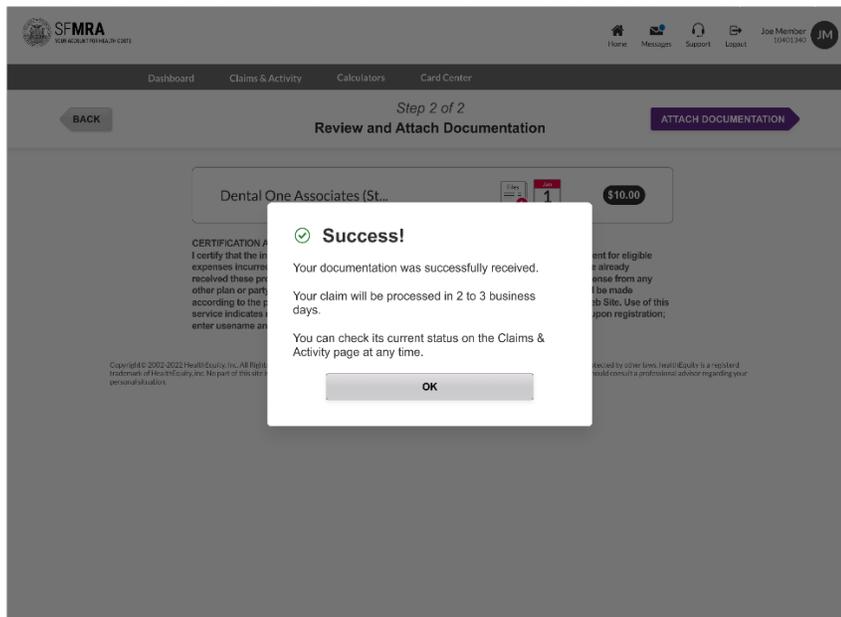


8. 點選收據檔案然後上載收據

- 審查、刪除或新增其他索償文件



- 選取收據檔案並點擊「SUBMIT RECEIPTS」

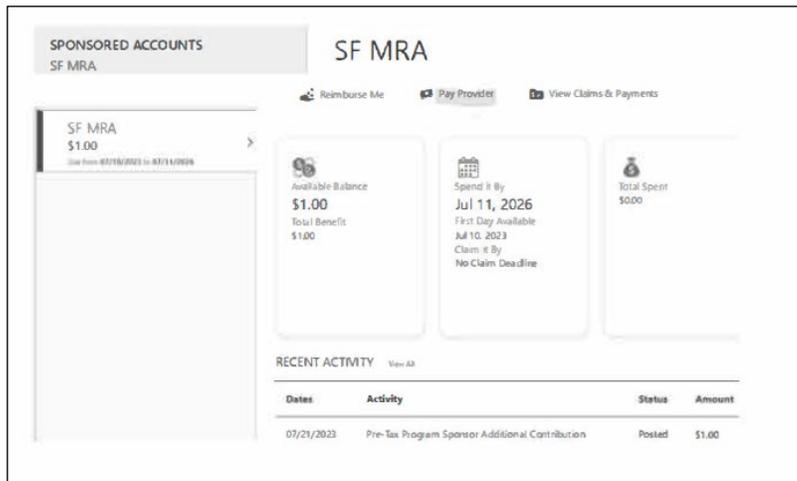


醫療報銷帳戶

線上提交索償—向我的提供者付款

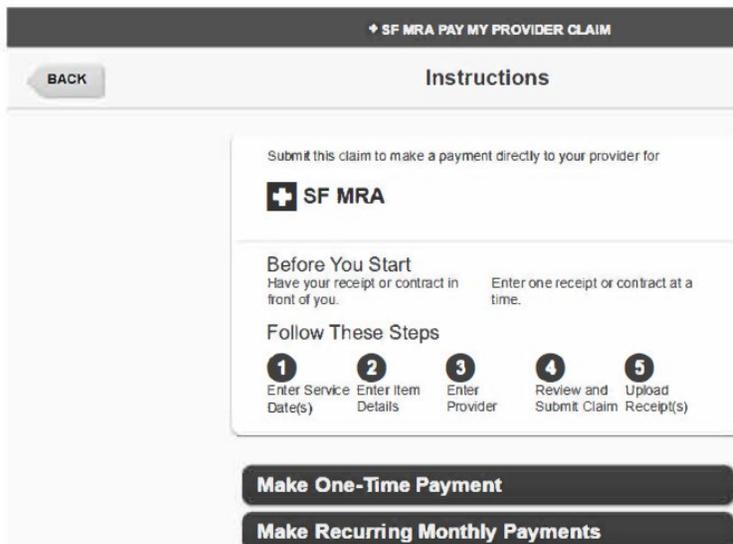
HealthEquity/WageWorks 允許僱員選擇使用帳戶直接向提供者支付服務/發票費用，而不是員工自行支付費用，然後獲得償還費用。此流程稱為「向我的提供者付款」(PMP)。

1. 若要提交線上索償，請點擊「“Pay Provider”」



- 點擊指示螢幕上的「Payment Selection」

2. 輸入索償資料 – Make One-Time Payment



3. 填寫服務日期和服務結束日期（選填項）欄位，然後點擊「Next」

Step 1 of 5
Enter Service Date(s)

Enter the following as displayed on the receipt or contract you will submit to verify this claim. All information will be verified when your claim is processed.
All fields are required unless noted as optional.

Service Start Date MM/DD/YYYY (example). Day(s) you received care.

Service End Date (optional) MM/DD/YYYY (example). If for more than one day.

NEXT

4. 輸入索償資料

填寫這些部份：

- 說明（已列出最常見的符合條件的費用）
- 金額（輸入自費金額）
- 患者姓名（帳戶持有人姓名將在選單中列出以供選擇）
- 新添患者（選填項，如果索賠償是與您相關符合資格的家屬，則可以讓您添加符合條件的家屬姓名）
- 發票號碼（選填項，但建議填寫）
- 帳戶號碼（選填項，但建議填寫）

Step 2 of 5
Enter Item Details

Enter the following as displayed on the receipt or contract you will submit with this claim. This information will be verified when your claim is processed.
All fields are required unless noted as optional.
Refer to your provider's invoice for Invoice & Account Numbers.

Description

Amount \$ Your out-of-pocket cost.

Patient Name + ADD NEW PATIENT

Invoice Number (optional)

Account Number (optional)

Recommended. Provider may require this to process your payment.

Recommended. Provider may require this to process your payment.

BACK

NEXT

點擊「“Next”」

5. 輸入索償資料

填寫這些部份：

- 提供者名稱
- 提供者的郵寄地址
- 提供者的日間電話號碼

Step 3 of 5
Enter Provider Information

BACK NEXT

Add a New Provider
Ensure quick mail delivery by double-checking the address against your provider's invoice.
All fields are required unless noted as optional.

Name: (Maximum 40 characters)

Mailing Address 1: (Maximum 35 characters)

Mailing Address 2 (optional): (Maximum 35 characters)

City: (Maximum 40 characters)

State:

ZIP Code: Ext. (optional):

Daytime Phone: Area Prefix Line Ext. (optional):

點擊「Next」

6. 審查並提交索償

- 審查詳情並選擇“Submit Claim”
- 參與者需要提交收據

Step 4 of 5
Review and Submit Claim

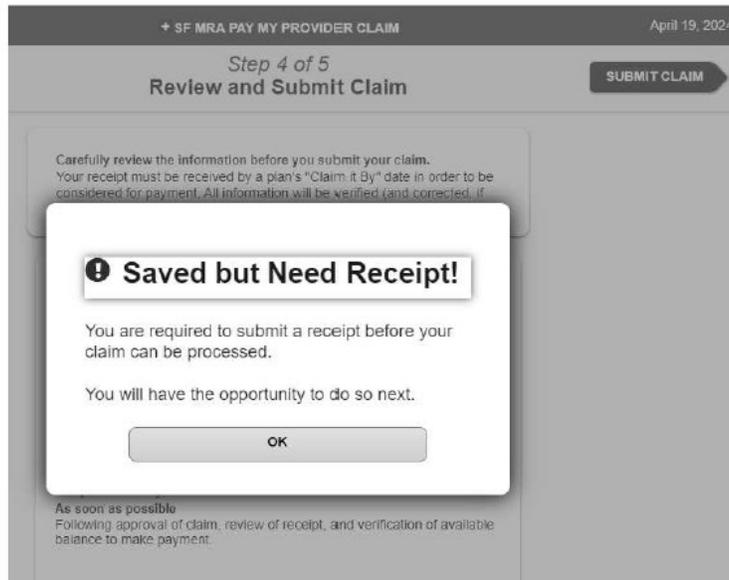
BACK SUBMIT CLAIM

Carefully review the information before you submit your claim.
Your receipt must be received by a plan's "Claim it by" date in order to be considered for payment. All information will be verified (and corrected, if necessary) when your claim is processed.

Provider Dr Mickey Mouse 1 Main St Orlando, FL 47172 (502) 111-1111	Account Number None Provided Invoice Number None Provided	Service Date Jan 01
Expense Description Co-payment (medical, in-network)	Patient John Test (Spouse)	Payment Amount \$10.00

Requested Payment Date
As soon as possible
Following approval of claim, review of receipt, and verification of available balance to make payment.

- 如果選擇了提交索償，但沒有附上收據，將顯示一個“Saved but need Receipt!” 的視窗彈出
- 點擊「“OK”」，您可選擇在下一步提交收據



7. 提交收據

- 若要瞭解提交收據的步驟，請參閱第 4 頁

向我的提供者付款索償說明：定期付款

1. 點擊指示螢幕上的「“Payment Selection”」
2. 點擊「“Make Recurring Monthly Payments”」繼續
3. 輸入索償資料

填寫以下欄位：

- 首次申請付款日期
- 首次付款服務日期
- 付款次數

Step 1 of 5
Enter Service Date(s)

Enter the following as displayed on the receipt or contract you will submit to verify this claim. All information will be verified when your claim is processed.
First requested payment date must be 10 days in the future or later.
First requested payment date must be within 10 days of the First Payment Service Date or later.
All fields are required.

First Requested Payment Date: 04/28/2024

First Payment Service Date: 03/01/2024

Number of Payments: 2

Follow These Steps

- 1 Enter Service Date(s)
- 2 Enter Item Details
- 3 Enter Provider
- 4 Review and Submit Claim
- 5 Upload Receipt(s)

Make One-Time Payment

Make Recurring Monthly Payments

選擇「Next」

4. 審查付款時間表

Step 1 of 5
Review Payment Schedule

Your Monthly Payment Schedule

Payment Date	Service Date
28-Apr-24	01-Mar-24
28-May-24	01-Apr-24
Total	2 Payments

選擇「Next」

5. 輸入索償資料

- 填寫以下欄位，並在完成後點擊「Next」

The screenshot shows a web form titled "Step 2 of 5 Enter Item Details" for a provider claim. At the top, it says "SF MRA PAY MY PROVIDER CLAIM" and "April 5, 2024". There are "BACK" and "NEXT" buttons. A central instruction box states: "Enter the following as displayed on the receipt or contract you will submit with this claim. This information will be verified when your claim is processed. All fields are required unless noted as optional. Refer to your provider's invoice for Invoice & Account Numbers." The form fields include:

- Description: A dropdown menu with "Co-payment (medic..." selected.
- Amount: A text input field with "\$" and "10", with a note "Your out-of-pocket cost." to the right.
- Patient Name: A dropdown menu with "John Test (Spouse)" selected, and a "+ ADD NEW PATIENT" button.
- Invoice Number (optional): An empty text input field, with a note "Recommended. Provider may require this to process your payment."
- Account Number (optional): An empty text input field, with a note "Recommended. Provider may require this to process your payment."

6. 輸入索償資料

- 需要合同作為定期付款的收據

The screenshot shows a modal dialog box with the title "Contract Required as Receipt" and a date of "April 18, 2024". The text inside the dialog reads: "You are required to submit a contract from your provider instead of a receipt for this expense in order to request recurring payments. The provider contract must include:

1. Provider name
2. Patient name
3. Description of service
4. Payment schedule, including dates of service
5. Payment amount

 At the bottom of the dialog is an "OK" button. In the background, a "NEXT" button and a "+ ADD NEW PATIENT" button are visible, along with a partially obscured "Last Name" field containing "test".

7. 輸入提供者資料

- 填寫以下強調顯示的部分：

◆ SF MRA PAY MY PROVIDER CLAIM April 5, 2024

Step 3 of 5
Enter Provider Information

Add a New Provider
Ensure quick mail delivery by double-checking the address against your provider's invoice.
All fields are required unless noted as optional.

Name Maximum 40 characters.

Mailing Address 1 Maximum 35 characters.

Mailing Address 2 (optional) Maximum 35 characters.

City Maximum 40 characters.

State

ZIP Code Ext. (optional)

Daytime Phone Ext. (optional)

8. 審查並提交索償

- 審查您的資料後，點擊「提交索償 (Submit Claim)」

◆ SF MRA PAY MY PROVIDER CLAIM April 5, 2024

Step 4 of 5
Review and Submit Claim

Carefully review the information before you submit your claim.
Your receipt must be received by a plan's "Claim it By" date in order to be considered for payment. All information will be verified (and corrected, if necessary) when your claim is processed.

Provider Dr Mickey Mouse 1 Main St Orlando, FL 47172 (502) 111-1111	Account Number <i>None Provided</i> Invoice Number <i>None Provided</i>	Service Date
Expense Description Co-payment (medical, in-network)	Patient John Test (Spouse)	Payment Amount \$10.00

Requested Payment Date
As soon as possible
Following approval of claim, review of receipt, and verification of available balance to make payment.

9. 提交收據

- 您有三種方式可提交收據。請選擇一種：

The screenshot shows a web interface for submitting a claim. At the top, it says 'SF MRA PAY MY PROVIDER CLAIM' and 'April 18, 2024'. The main heading is 'Step 5 of 5 Submit Receipt'. Below this, there is a section titled 'Your Receipt is Needed' with a sub-heading 'Your Receipt Must Include:' followed by a list of five items: 1. Date of service or purchase, 2. Description of service or purchase, 3. Provider or merchant name, 4. Patient name, and 5. Your cost. There are three options to choose from: 'a' Submit an electronic version of your receipt online NOW (Recommended), 'b' Submit an electronic version of your receipt online LATER, and 'c' Download a claim form to print and send via fax or mail. At the bottom, there are four buttons: 'Submit Receipt Online NOW', 'Submit Receipt Online LATER', 'Download Claim Form (PDF)', and 'Done'.

- 選擇提交方式後，點擊「下一步 (Next)」繼續

10. 上載收據

The screenshot shows a web interface for selecting a receipt file. At the top, it says 'SF MRA PAY MY PROVIDER CLAIM - SUBMIT RECEIPT ONLINE'. There is a 'BACK' button on the left. The main heading is 'Step 1 of 2 Select Receipt File(s)'. Below this, there is a card for 'Dr Mickey Mouse' with a receipt icon, a date of 'Jan 01 2024', and a price of '\$10.00'. At the bottom, there is a button labeled 'Add Receipt for This Claim'.

- 審查、刪除或新增其他索償文件

Step 2 of 2
Review and Submit Receipt(s)

Dr. Test

Jan 01 2023

\$50.00

FILE NAME	FILE SIZE
DR_TEST_RECEIPT.PDF	31.0 KB

CERTIFICATION AND AUTHORIZATION
I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the WageWorks Web Site. Use of this service indicates my acceptance of the V User Agreement at login.wageworks.com (available upon registration; enter username and password or click on First Time User? link).

確認

Step 2 of 2
Review and Submit Receipt(s)

Dr. Test

Jan 01 2023

\$50.00

Success!

Your receipt / file was successfully submitted.

Your claim will be processed in 2 to 3 business days.

You can check its current status on the Claims & Activity page at any time.

OK

- 按一下「OK」。您已完成提交

有疑問？

如果您對線上提交索償有任何疑問，我們的 HealthEquity/WageWorks 會員服務團隊將全天候為您提供協助，回答您有的任何帳戶問題。

請致電 1(866) 697-6078 聯絡我們。