

Medical Reimbursement Account – Online Claims Submission User Guide

Your Medical Reimbursement Account is a great way to save on eligible health care costs, and HealthEquity/WageWorks has worked hard to make the claims and repayment process as easy as possible.

This guide outlines the claims and submission process and the Pay My Provider (PMP) process using the HealthEquity/WageWorks website.

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Before we outline the steps, here are a few things to know about the claims process:

- The Medical Reimbursement Account (MRA) is a health care account with funds that can be used for eligible health care costs. This means that to get your money back, you must first prove the cost is eligible for reimbursement by providing documentation.
- You will need to submit a receipt or other relevant documentation that includes the information below:
 - Provider Name
 - Patient Name
 - Type of Service
 - Service Date(s)
 - Proof of Payment

Online Claims Process

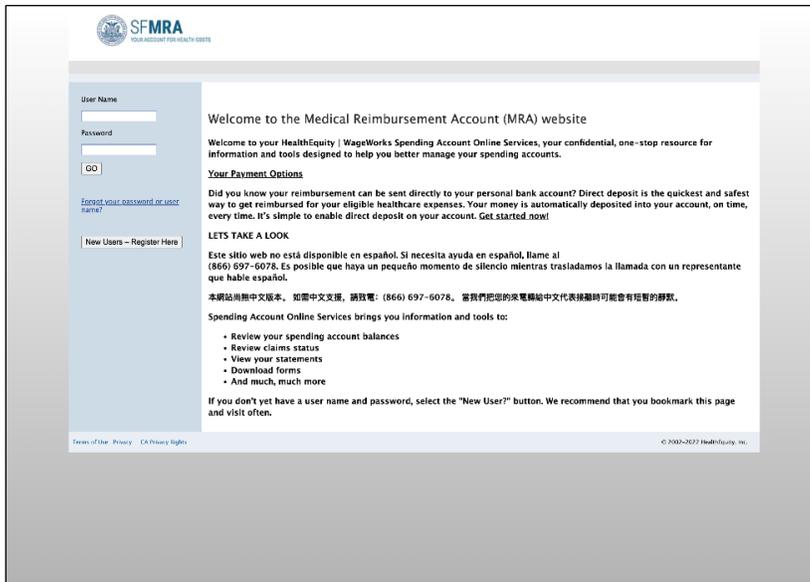
Create Your Account

To start a claim, you will need to first log into your account at participant.wageworks.com/sfmra. If you have not already made your account, you will need to do that first.

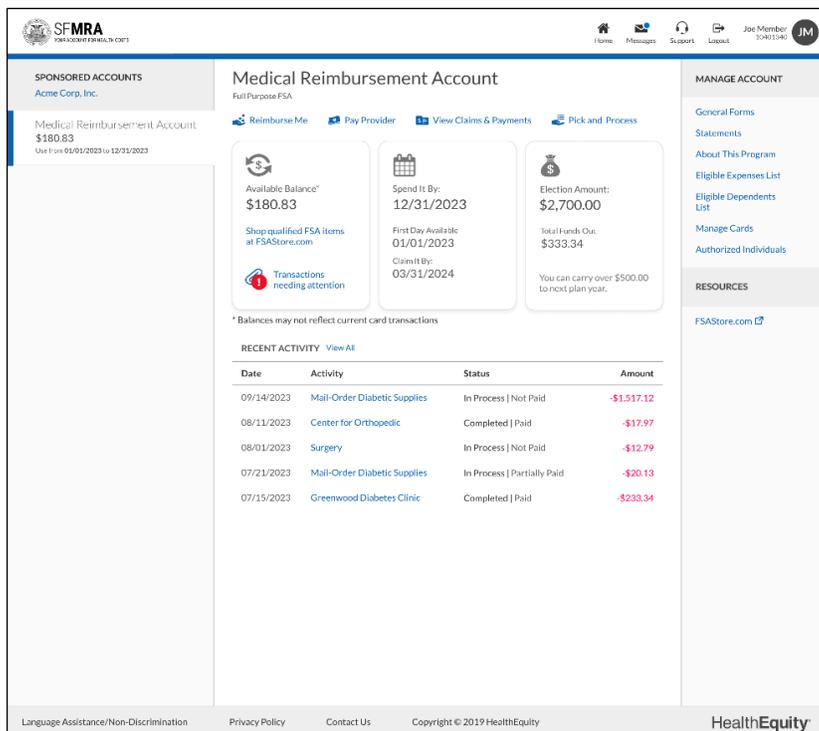
Filing a Claim

After you have signed up for an account and created your username and password, you can submit claims for eligible health care costs. To submit a claim through the web portal:

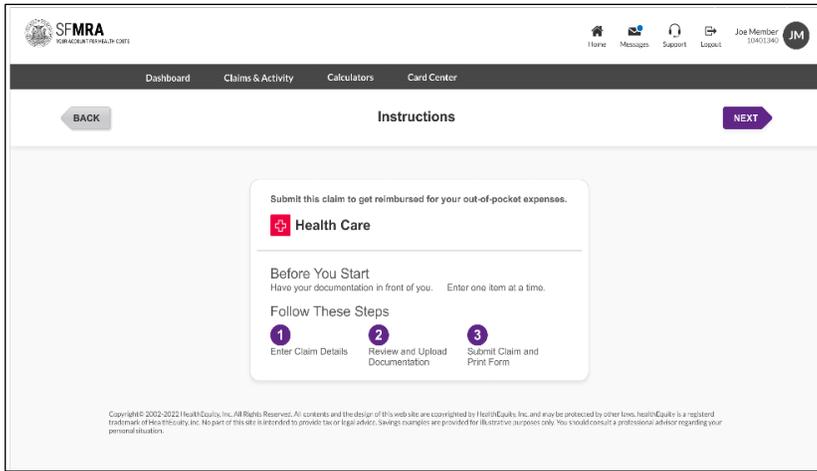
1. Log in to your HealthEquity/WageWorks account at participant.wageworks.com/sfmra



2. From the main dashboard, click “Reimburse Me”

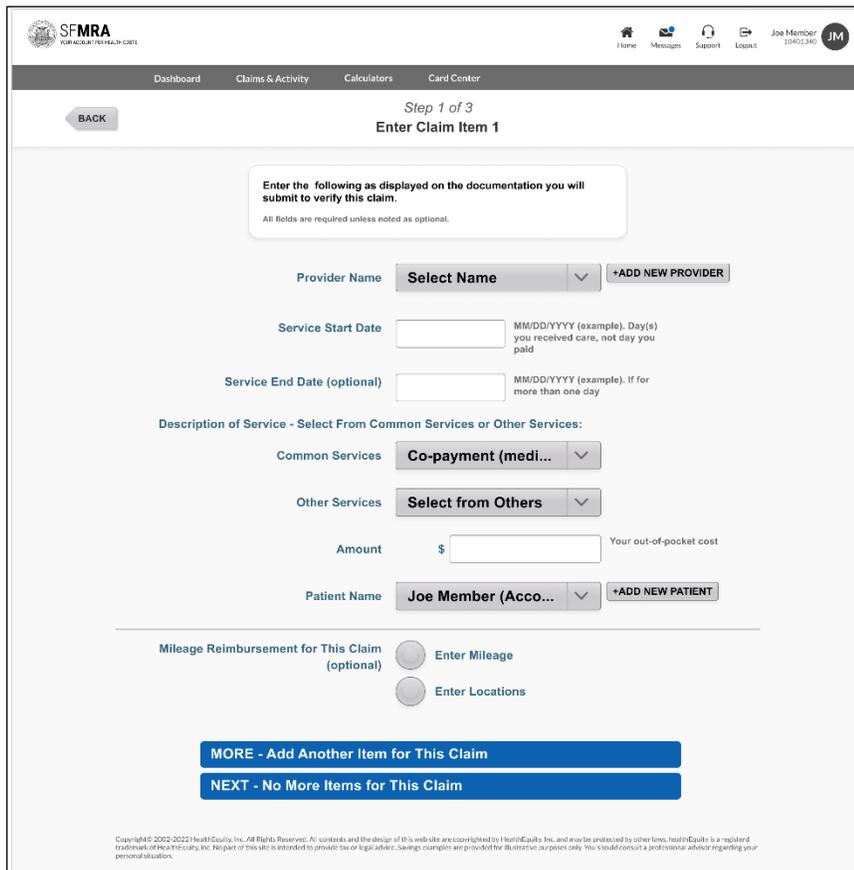


3. Review claims submission instructions and click “Next”



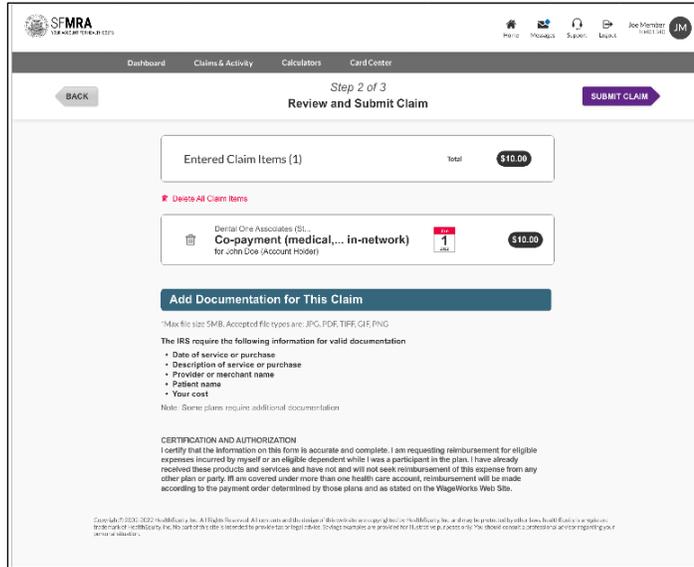
4. Fill out all the information needed

- Click “Next – No More Items for This Claim”



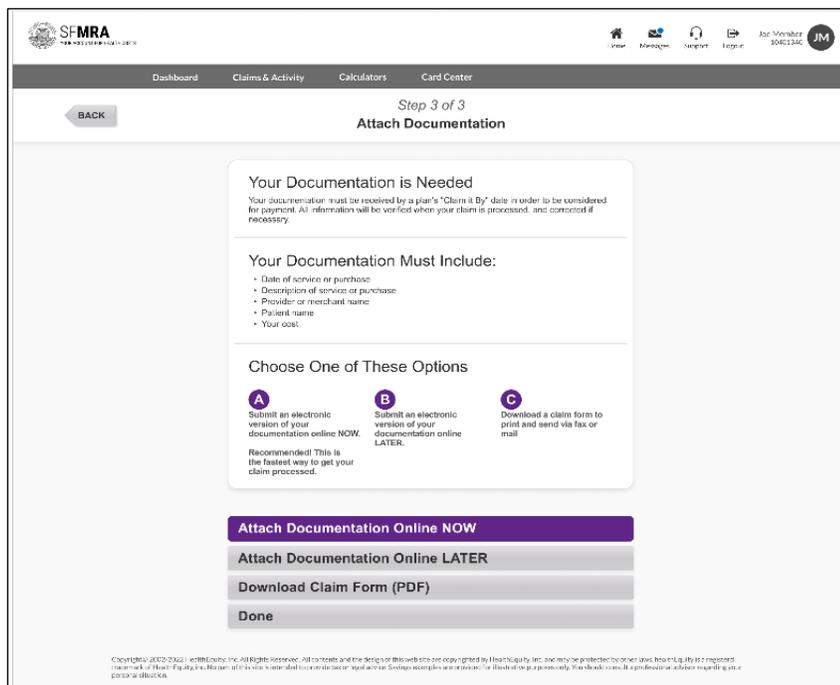
5. Review and submit or save your claim

- If a receipt is needed, a pop-up message will appear stating **“Saved but Need Receipt”**



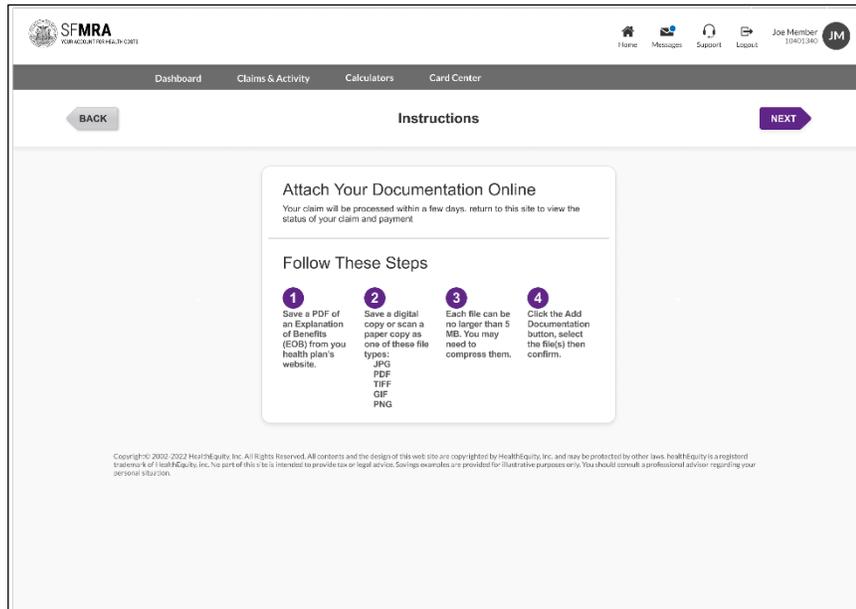
6. To submit a receipt, you have three options:

- Submit Receipt Online NOW (recommended for faster processing)
- Submit Receipt Online LATER (claim will show “Pending Status” until a receipt is submitted)
- Download Claim Form (Claim form will be already filled in with the information entered online and can be sent by fax or mail with your receipt for processing)



7. To Submit Receipt NOW:

- Click “Submit Receipt NOW”
- Click “NEXT” on the instructions screen

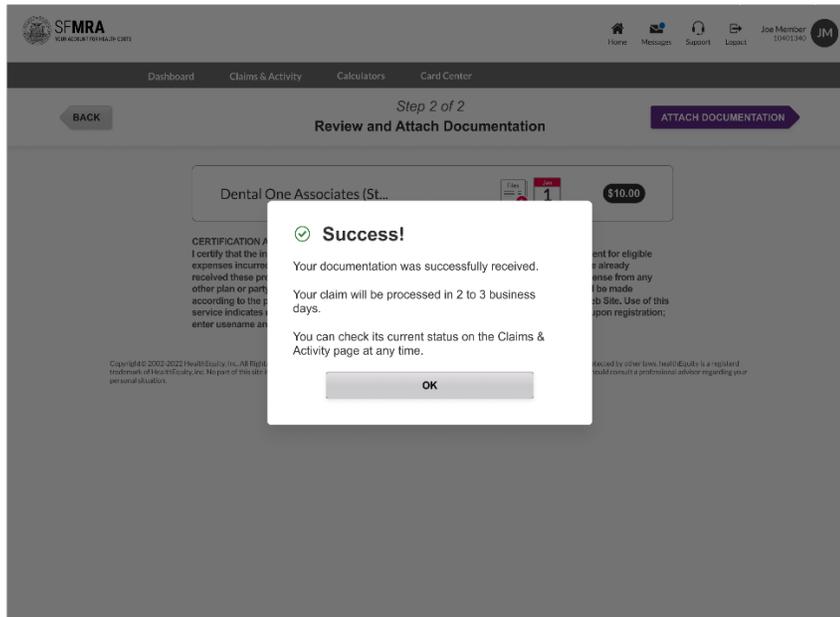


8. Upload your receipt by clicking the receipt file

- Review, delete, or add extra claims documentation



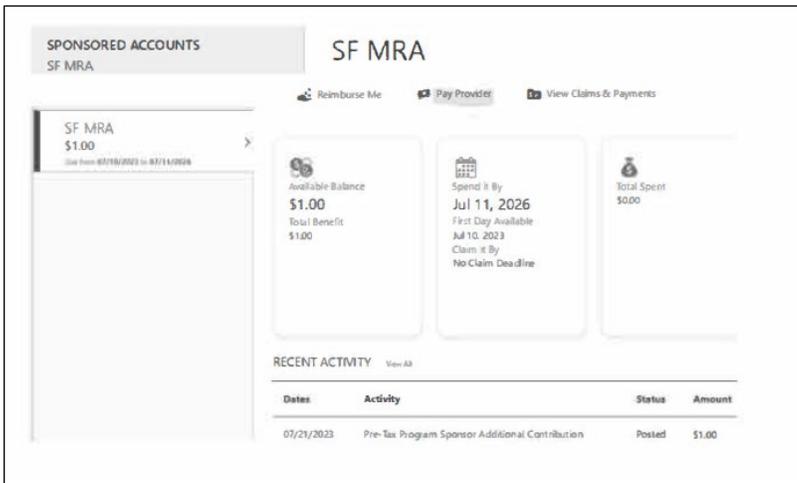
- Select the receipt file and click “SUBMIT RECEIPTS”



Medical Reimbursement Account Online Claims Submission – Pay My Provider

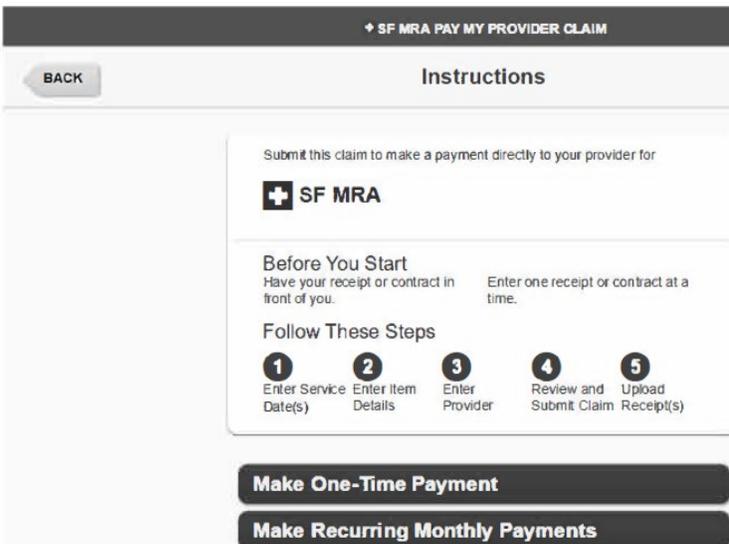
HealthEquity/WageWorks offers employees the choice to use their account to pay providers directly for services/ invoices rather than employees paying out of the pocket and then being paid back for the cost. This process is known as Pay My Provider (PMP).

1. To submit an online claim, click **“Pay Provider”**



- Click on **“Payment Selection”** on the instructions screen

2. Enter Claim Information – **Make One-Time Payment**



3. Fill out the the Service Date and Service End Date (optional) fields, then click “Next”

+ SF MRA PAY MY PROVIDER CLAIM April 18, 2024

Step 1 of 5
Enter Service Date(s) **NEXT**

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.

4. Enter Claim Information

Fill out these sections:

- Description (Most frequent eligible expenses are listed)
- Amount (Enter out-of-pocket cost)
- Patient Name (Account Holder Name will be listed in drop-down menu to select)
- Add New Patient (optional, lets you add eligible dependent name, if claim is linked to your eligible dependent)
- Invoice Number (optional but recommended)
- Account Number (optional but recommended)

+ SF MRA PAY MY PROVIDER CLAIM April 5, 2024

Step 2 of 5
Enter Item Details **BACK** **NEXT**

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 Your out-of-pocket cost.

Amount \$ Your out-of-pocket cost.

Patient Name **+ ADD NEW PATIENT**

Invoice Number (optional) **Recommended.** Provider may require this to process your payment.

Account Number (optional) **Recommended.** Provider may require this to process your payment.

Click “Next”

5. Enter Claim Information

Fill out these sections:

- Provider Name
- Provider’s Mailing Address
- Provider’s Daytime Phone Number

+ 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)

Click “Next”

6. Review and Submit Claim

- Review the details and select “Submit Claim”
- Participants will be requested to submit their receipts

+ SF MRA PAY MY PROVIDER CLAIM April 5, 2024

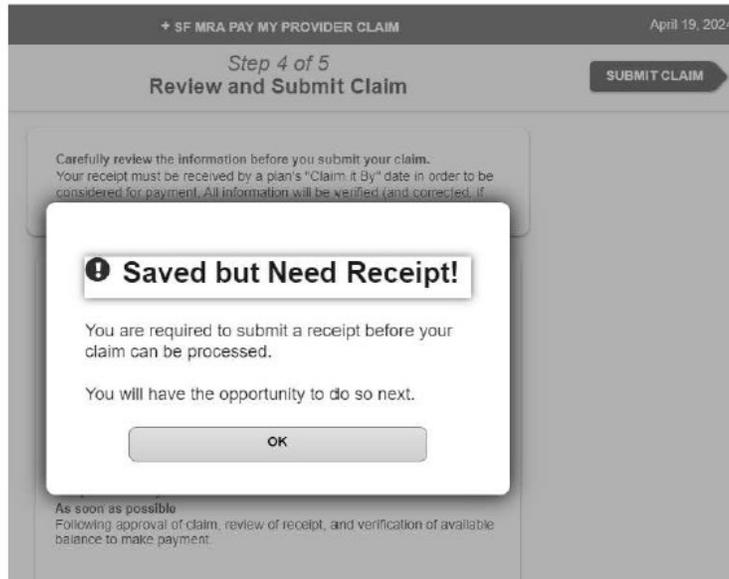
Step 4 of 5
Review and Submit Claim

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 None Provided Invoice Number None Provided	Service Date 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.

- If Submit Claim was chosen but a receipt was not attached, a pop-up window will show **“Saved but need Receipt!”**
- Click **“OK”** and you will have the choice to submit a receipt on the next step



7. Submit Receipt

- For steps to submit receipt, see page 4

Pay My Provider Claim Instructions: Recurring Payments

1. Click on **“Payment Selection”** on the instructions screen
2. Click on **“Make Recurring Monthly Payments”** to continue
3. **Enter Claim Information**

Fill out these fields:

- First requested payment date
- First payment service date
- Number of payments

The screenshot shows the 'Step 1 of 5' form titled 'Enter Service Date(s)'. It includes a 'NEXT' button in the top right. A text box provides instructions: '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.' Below this, there are three input fields: 'First Requested Payment Date' with the value '04/28/2024', 'First Payment Service Date' with the value '03/01/2024', and 'Number of Payments' with a dropdown menu set to '2'. A 'Follow These Steps' section shows a progress bar with five steps: 1. Enter Service Date(s), 2. Enter Item Details, 3. Enter Provider, 4. Review and Submit Claim, and 5. Upload Receipt(s). At the bottom, there are two buttons: 'Make One-Time Payment' and 'Make Recurring Monthly Payments'.

Select **“Next”**

4. **Review Payment Schedule**

The screenshot shows the 'Step 1 of 5' form titled 'Review Payment Schedule'. It includes a 'NEXT' button in the top right. The main content is a table titled 'Your Monthly Payment Schedule' with two columns: 'Payment Date' and 'Service Date'. The table contains two rows of payment dates and a 'Total' row. Below the table, there are two buttons: 'Make One-Time Payment' and 'Make Recurring Monthly Payments'.

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

Select **“Next”**

5. Enter Claim Information

- Fill out the fields below and click “Next” when done

+ SF MRA PAY MY PROVIDER CLAIM April 5, 2024

Step 2 of 5
Enter Item Details

BACK NEXT

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 Co-payment (medic... ▼

Amount \$ 10 Your out-of-pocket cost.

Patient Name John Test (Spouse) ▼ + ADD NEW PATIENT

Invoice Number (optional) Recommended. Provider may require this to process your payment.

Account Number (optional) Recommended. Provider may require this to process your payment.

6. Enter Claim Information

- Contract Needed as Receipt for Recurring Payments

Contract Required as Receipt

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

OK

April 18, 2024

NEXT

Your out-of-pocket cost.

+ ADD NEW PATIENT

Last Name Test

7. Enter Provider Information

- Fill in the following highlighted sections:

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 **Dr Mickey Mouse** Maximum 40 characters.

Mailing Address 1 **1 Main St** Maximum 35 characters.

Mailing Address 2 (optional) Maximum 35 characters.

City **Orlando** Maximum 40 characters.

State **FL**

ZIP Code **47172** Ext. (optional)

Daytime Phone **502** - **111** - **1111** Ext. (optional)

8. Review and Submit Claim

- Click "Submit Claim" after reviewing your information

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 None Provided Invoice Number None Provided	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. Submit Receipt

- You have three ways to submit a receipt. Pick one:

The screenshot shows a web interface for submitting a receipt. 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 note that receipts must be received by a plan's "Claim it By" date. A list of required information includes: 1. Date of service or purchase, 2. Description of service or purchase, 3. Provider or merchant name, 4. Patient name, and 5. Your cost. Three options are presented: (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".

- After you choose a way to submit, click **“Next”** to continue

10. Upload Receipt

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 a receipt from "Dr Mickey Mouse" with a date of "Jan 01 2024" and a value of "\$10.00". At the bottom, there is a button labeled "Add Receipt for This Claim".

- Review, delete, or add extra claims documentation

Step 2 of 2
Review and Submit Receipt(s)

BACK SUBMIT RECEIPTS

Dr. Test \$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).

Confirmation

Step 2 of 2
Review and Submit Receipt(s)

BACK SUBMIT RECEIPTS

Dr. Test \$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.

- Press “OK.” You have now completed your submission.

Questions?

If you have any questions about submitting a claim online, our HealthEquity/WageWorks Member Services team is available 24/7 to help you with the process or to answer any account questions you have.

Please call us at **1(866) 697-6078**.