Cuenta de reembolso médico: Guía del usuario para la presentación de reclamos en línea

Su Cuenta de reembolso médico es una excelente manera de ahorrar en costos de atención médica elegibles, y HealthEquity/WageWorks se ha esforzado duro para hacer que el proceso de reclamos y de pago sea lo más fácil posible.

Esta guía describe el proceso de reclamos y presentación, y el proceso Pay My Provider (Pagar a mi proveedor) (PMP) utilizando el sitio web de HealthEquitylWageWorks.

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Antes de describir los pasos, aquí hay algunas cosas que debe saber sobre el proceso de reclamos:

- La Cuenta de reembolso médico (MRA) es una cuenta de atención médica con fondos que se pueden usar para costos de atención médica elegibles. Esto significa que para recuperar su dinero, primero debe demostrar que el costo es elegible para reembolso, proporcionando documentación.
- Deberá presentar un recibo u otra documentación relevante que incluya la información a continuación:
 - Nombre del proveedor
 - Nombre del paciente
 - Tipo de servicio
 - Fecha(s) del servicio
 - Constancia de pago

Proceso de reclamos en línea

Cree su cuenta

Para comenzar un reclamo, primero deberá iniciar sesión en su cuenta en **participant.wageworks.com/sfmra.** Si aún no registró su cuenta, deberá hacerlo primero.

Presentar un reclamo

Después de que se haya registrado para una cuenta y haya creado su nombre de usuario y contraseña, puede presentar reclamos por costos de atención médica elegibles. Para presentar un reclamo a través del sitio web:

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本規込局部交互承、設置や支援構、研究室、(366) 697-6978。 営政門総参決電動協中交代表機動明定整合発電的研究。 Spending Account Online Services brings you information and tools to: - Review Quaries Status - Review Quaries Status - Review Quaries Status - Norman Munch, much more If you don't yet have a user name and password, select the "New User?" button. We recommend that you bookmark this page and visit often:	with Mass YGE *, 00호수文표, 80호수文표, 855 (366) 697-6078, 1호전문문화)로특용하수 2(국용표하기분을 허용함, 5550 (2014) Spending Account Online Services brings you information and tools to: *, Review Calming Scouth Balances *, Download forms *, Download forms *, Breview Calming Scouth Balances		Este sitio web no está disponible en español. Si necesita ayuda en español, liame al (866) 697-6078. Es posible que haya un pequeño momento de silencio mientras trasladamos la llamada con un representante que habie español.
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- 1. Inicie sesión en su cuenta de HealthEquity/WageWorks participant.wageworks.com/sfmra
- 2. En la página principal, haga clic en "Reimburse Me"

Medical Reimbursement Account \$100.03 Unitive substatement and the substatement \$100.03 Available Balance" \$100.03 Shop publied FA items at FSAStore.com * Balances may not reflect our RECENT ACTIVITY Very/ Date Activity 90/14/2023 Mail-Ord	tay Provider 🛛 📴 View	w Claims & Payments 💦 💐 Pick	and Process	General Forms
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3. Revise las instrucciones de presentación de reclamos y haga clic en "Next"

SF MRA						A Harre	Messages	O Support	E* Logaut	Joe Member 10401340
	Dashboard	Claims & Activity	Calculators	Card Cente	,					
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- 4. Complete toda la información necesaria
 - Haga clic en "Next No More Items for This Claim"

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- 5. Revise y envíe o guarde su reclamo
 - Si se necesita un recibo, aparecerá un mensaje emergente que indica "Saved but Need Receipt" (Guardado, pero necesita recibo)

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- 6. Para enviar un recibo, tiene tres opciones:
 - Enviar el recibo en línea AHORA (recomendado para un procesamiento más rápido)
 - Enviar el recibo en línea MÁS TARDE (el reclamo mostrará "Pending Status" (estado pendiente) hasta que se envíe un recibo)
 - Descargar formulario de reclamo (el formulario de reclamo ya estará cumplimentado con la información introducida en línea y puede enviarse por fax o correo con su recibo para su tramitación)

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Dashboard	Claims & Activity Calculators Card Center
ВАСК	Step 3 of 3 Attach Documentation
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	Choose One of These Options
	Attach Documentation Online NOW
	Attach Documentation Online LATER
	Download Claim Form (PDF)
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- 7. Para presentar el recibo AHORA:
 - Haga clic en "Submit Receipt NOW"
 - Haga clic en "NEXT" en la pantalla de instrucciones

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Dashboard	Claims & Activity Calculators	Card Center	
BACK	In	structions	NEXT
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- 8. Cargue el recibo haciendo clic en el archivo de recibo
 - Revise, elimine o agregue documentación adicional de reclamos

Dr. Test		\$50.00
DELETE FILE FILE NAME		FILE SIZE
DR_TEST_RECEIPT	PDF	31.0 KE

Seleccione el archivo de recibo y haga clic en "SUBMIT RECEIPTS"



Cuenta de reembolso médico Presentación de reclamos en línea: Pagar a mi proveedor

HealthEquity/WageWorks ofrece a los empleados la opción de usar su cuenta para pagar a los proveedores directamente los servicios/facturas en lugar de que los empleados paguen de su bolsillo y luego les devuelvan el dinero por el costo. Este proceso se conoce como Pay My Provider (Pagar a mi proveedor) (PMP).

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1. Para presentar un reclamo en línea, haga clic en "Pay Provider"

- Haga clic en "Payment Selection" en la pantalla de instrucciones
- 2. Ingrese la información de reclamo: Make One-Time Payment



3. Complete los campos Fecha de servicio (Service Date) y Fecha de finalización del servicio (Service End Date) (opcional), luego haga clic en "Next"

+ SF MRA PAY	MY PROVIDER CLAIM		April 18, 2024
Ste Enter Se	p 1 of 5 rvice Date(s)		NEXT
Enter the following as displayed submit to verify this claim. All in claim is processed. All fields are required unless noted	d on the receipt or cont formation will be verified d as optional.	ract you will when your	
Service Start Date	03/01/2024	MM/DD/YYYY (example). Day(s) you received care.	
Service End Date (optional)	[MM/DD/YYYY (example). If for more than one day.	

4. Ingrese la información del reclamo

Complete estas secciones:

- Descripción (se listarán los gastos elegibles más frecuentes)
- Monto (ingrese el costo de desembolso directo)
- Nombre del paciente (el nombre del titular de la cuenta aparecerá en el menú desplegable para seleccionarlo)
- Agregar nuevo paciente (opcional; le permite agregar el nombre del dependiente elegible, si el reclamo está asociado a su dependiente elegible)
- Número de factura (opcional, pero se recomienda)
- Número de cuenta (opcional, pero se recomienda)

	+ SF M	RA PAY MY PROVIDER CLAIM		April 5, 2024
BACK	Er	Step 2 of 5 nter Item Details		NEXT
	Enter the following as d submit with this claim. is processed. All fields are required unit Refer to your provider's	isplayed on the receipt or contract you inis information will be verified when your ess noted as optional. Invoice for invoice & Account Number	will claim s.	
	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

Haga clic en "Next"

5. Ingrese la información del reclamo

Complete estas secciones:

- Nombre del proveedor
- Dirección postal del proveedor
- Número de teléfono durante el día del proveedor

	+ SF M	RA PAY MY PROVIDER CLAIM	April 5, 2024
BACK	Enter	Step 3 of 5 Provider Information	NEXT
	Add a New Provider Ensure quick mail deliver provider's involue. All fields are required unit	y by double-checking the address against your	
	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	Ext. (optional)	
	Daytime Phone	Area Prefix Line Ext. (*	optional)

Haga clic en "Next"

- 6. Revise y envíe el reclamo
 - Revise los detalles y seleccione "Submit Claim"
 - Se solicitará a los participantes que envíen sus recibos

	+ SF MRJ	A PAY MY PROVIDER C	LAIM	April 5, 2024
BACK	Review	Step 4 of 5 and Submit C	laim	SUBMIT CLAIM
	Carefully review the inform Your receipt must be receiv considered for payment. All necessary) when your claim	ation before you submit ed by a plan's "Claim it b information will be verifi n is processed.	your claim. 9 ^{yr} date in order to be ed (and corrected, if	
	Provider Dr Mickey Mouse 1 Main S1 Orlando, FL 47172 (502) 111-1111	Account Number Nore Provided Invoice Number Nore Provided	Service Date	
	Expense Description Co-payment (medical, in- network)	Patient John Test (Spouse)	Payment Amount	
	Requested Payment De As soon as possible Following approval of claim balance to make payment.	ate , review of receipt, and v	erification of available	

- Si se eligió enviar reclamo pero no se agregó un recibo, aparecerá una ventana emergente
 "Saved but need Receipt!"
- Haga clic en "**OK**" y tendrá la opción de presentar un recibo en el siguiente paso



- 7. Envíe el recibo
 - Para conocer los pasos para presentar un recibo, consulte la página 4

Instrucciones de reclamos de Pay My Provider: Pagos recurrentes

- 1. Haga clic en "Payment Selection" en la pantalla de instrucciones
- 2. Haga clic en "Make Recurring Monthly Payments" para continuar
- 3. Ingrese la información del reclamo

Complete estos campos:

- Fecha de pago solicitada por primera vez
- Fecha del servicio de primer pago
- Número de pagos

+ SF M	IRA PAY MY PROVIDER CLAIM	April 18, 202
Ent	Step 1 of 5 er Service Date(s)	NEXT
Enter the following as a submit to verify this old claim is processed. First requested payment Service Date or late: All fields are required. First Requested Payment Date First Payment Service Date	Alsplayed on the receipt or contract you will lim. All information will be verified when your date must be 10 days in the luture or later. date must be within 10 days of the First Payment 04/28/2024	MIDDYYYY (example), Day you int first payment mailed. MIDDYYYY (example), First y of care covered by first quested payment.
Number of Payments	Tront of you. Itime. Follow These Steps Enter Service Enter Item Date(s) Details Provider Submit (Make One-Time Payment Make Recurring Monthly Payment	and Upload Liaim Receipt(s)

Seleccione "Next"

4. Revise el plan de pago

+ SF MRA PAY MY	PROVIDER CLAIM	April 18, 2024
Step Review Paym	1 of 5 nent Schedule	NEXT
Your Monthly Pay	yment Schedule	
Payment Date	Service Date	
28-Apr-24	01-Mar-24	
28-May-24	01-Apr-24	
Total	2 Payments	

Seleccione "Next"

- 5. Ingrese la información del reclamo
 - Complete los campos a continuación y haga clic en "Next" cuando haya terminado

	+ SF MF	RA PAY MY PROVIDER CLAIM		April 5, 2024
BACK	En	Step 2 of 5 nter Item Details		NEXT
	Enter the following as di submit with this claim. T is processed All fields are required unle Refer to your provider's	aplayed on the receipt or contract you his information will be verified when your ss noted as optional. Invoice for Invoice & Account Number	r will claim rs.	
	Description	Co-payment (medic	~)
	Amount	\$	10	Your oul-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. Ingrese la información del reclamo

Contrato requerido como recibo de pagos recurrentes

Receipt	NE
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	Your out-of-pocket cost.
4. Payment schedule, including dates of service	
5. Payment amount	+ ADD NEW PATIENT
ок	

- 7. Ingrese la información del proveedor
 - Complete las siguientes secciones resaltadas:

	♦ SF MI	RA PAY MY PROVIDER CLAIM	April 5, 2024
ВАСК	Enter	Step 3 of 5 Provider Information	NEXT
	Add a New Provider Ensure quick mail deliven providers invoke. All fields are required unle	v by double-checking the address against your ess 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 Y	
	ZIP Code	47172 -	
	Daytime Phone	Area Prefix Line Ext. (502 - 111 - 1111 -	opuonai)

- 8. Revise y envíe el reclamo
 - Haga clic en "Submit Claim" después de revisar su información

	+ SF MR	A PAY MY PROVIDER (LAIM	April 5, 2024
ВАСК	Review	Step 4 of 5 and Submit C	laim	SUBMIT CLAIM
	Carefully review the inform Your receipt must be receiv considered for payment. All necessary) when your claim	ation before you submit red by a plan's "Claim it i I information will be verifi n is processed.	your claim. By" date in order to be led (and corrected, if	
	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	
	Requested Payment Da As soon as possible Following approval of claim balance to make payment.	ate , review of receipt, and v	verification of available	

9. Envíe el recibo

Tiene tres maneras de enviar un recibo. Elija una opción:



- Después de elegir una forma de enviar, haga clic en "Next" para continuar
- 10. Suba el recibo



Revise, elimine o agregue documentación adicional de reclamos



Confirmación



Presione "OK." Ahora ha completado su presentación en línea

¿Tiene preguntas?

Si tiene preguntas acerca de cómo enviar un reclamo en línea, nuestros representantes de Servicios al Miembro de HealthEquity/WageWorks están disponible las 24 horas del día, los siete días de la semana, para ayudarlo con el proceso o para responder cualquier pregunta que tenga sobre la cuenta.

Llámenos al 1(866) 697-6078.