Medical Reimbursement Account – Gabay para sa Pagsusumite ng mga Online na Claim

Ang iyong Medical Reimbursement Account ay isang mahusay na paraan upang makatipid sa mga kwalipikadong gastos sa pangangalagang pangkalusugan, at ang HealthEquity/WageWorks ay nagtrabaho nang husto upang gawing madali ang proseso ng mga pag-claim at pagbabayad hangga't maaari.

Binabalangkas ng gabay na ito ang mga proseso ng pag-claim at pagsusumite at ang proseso ng Pay My Provider (PMP) gamit ang website ng HealthEquityIWageWorks.

Seksyon	Page
1. Magsumite ng Claim Online	2
2. Gumawa ng Isang Beses na Pagbabayad sa Aking Provider	7
3. Mag-set Up ng Paulit-ulit na Pagbabayad sa Aking Provider	11
4. Impormasyon sa Pakikipag-ugnayan	15

Bago natin ibalangkas ang mga hakbang, narito ang ilang bagay na dapat malaman tungkol sa proseso ng mga pag-claim:

- Ang Medical Reimbursement Account (MRA) ay isang account sa pangangalaga ng kalusugan na may pondong magagamit para sa mga kwalipikadong gastusin sa pangangalaga ng kalusugan. Nangangahulugan ito na upang mabawi ang iyong pera, kailangan mo munang patunayang kwalipikado para sa reimbursement ang gastusin sa pamamagitan ng pagbibigay ng dokumentasyon..
- Kailangan mong magsumite ng resibo o iba pang kaugnay na dokumentasyong kasama ang impormasyon sa ibaba:
 - Pangalan ng Provider
 - Pangalan ng Pasyente
 - Uri ng Serbisyo
 - (Mga) Petsa ng Serbisyo
 - Patunay ng Pagbabayad

Proseso ng Online na Pagsusumite ng claim

Gumawa ng Iyong Account

Upang magsimula ng pag-claim, kakailanganin mo munang mag-log in sa iyong account sa **participant.wageworks.com/sfmra.** Kung hindi mo pa nagagawa ang iyong account, kailangan mong gawin muna iyon.

Paghahain ng Claim

Pagkatapos mong mag-sign up para sa isang account at gawin ang iyong username at password, maaari ka nang magsumite ng mga claim para sa mga kwalipikadong gastusin sa pangangalagang pangkalusugan. Para magsumite ng claim sa pamamagitan ng web portal:

1. Mag-log in sa iyong HealthEquity/WageWorks account sa participant.wageworks.com/sfmra

SFMRA	89	
User Name		
	Welcome to the Medical Reimbursement Account (MRA) website	
Password	Welcome to your HealthEquity WageWorks Spending Account Online Services, your confidential, one-stop resource for Information and tools designed to help you better manage your spending accounts.	
GO	Your Payment Options	
Forgot your password or user name?	Did you know your reimbursement can be sent directly to your personal bank account? Direct deposit is the quickest and safest way to get reimbursed for your eligible healthcare expenses. Your money is automatically deposited into your account, get every time. It's simple to enable direct deposit on your account, get started now!	
New Users - Register Here	LETS TAKE A LOOK	
	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 trasiadamos la llamada con un representante que habie español.	
	本網站尚無中文版本。 如需中文支援,請致電: (866) 697-6078。 當我們把您的來電機給中文代表接聽時可能會有短暫的靜默。	
	Spending Account Online Services brings you information and tools to:	
	Review viour spending account balances Review diams status View your statements Dewnload forms And much, 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.	

2. Mula sa pangunahing dashboard, i-click ang "Reimburse Me"

SPONSORED ACCOUNTS Acme Corp. Inc.	Medical Full Purpose FSA	Reimbursen	nent Accour	nt		MANAGE ACCOUNT	
Medical Reimbursement Account	💰 Reimburse N	and Process	General Forms Statements				
he if on 01,01,0223 is 12/21,0223	Available Bala Available Bala \$180.83 Shop qualified at FSAStored needin * Balances may ni BECENT ACTI	IFSA items om ctions g attention ot reflect current card tr	initial control of the second secon	Election Amount: \$2,700.00 tratal Funds Out \$33.34 You can carry over \$500.00 to next plan year.		About This Program Eligible Expenses List Eligible Dependents List Manage Cards Authorized Individuals RESOURCES FSAStore.com [2]	
	Date	Activity	Status	3	Amount		
	09/14/2023	Mail-Order Diabetic	Supplies In Pro	cess Not Paid	-\$1,517.12		
	08/11/2023	Center for Orthoped	lc Comp	leted Paid	-\$17.97		
	08/01/2023	Surgery	In Pro	cess Not Paid	-\$12.79		
	07/21/2023	Mail-Order Diabetic	Supplies In Pro	cess Partially Paid	-\$20.13		
	07/15/2023	Greenwood Diabetes	Clinic Comp	lated I Paid	4000.04		

3. Basahin ang mga tagubilin sa pagsusumite ng mga claim at i-click ang "Next"

SFMRA VOR ACCENT FEINEA DE CORTE						A Home	Messages	O Support	E.	Joe Member 10401340	М
	Dashboard	Claims & Activity	Calculators	Card Center							
ВАСК			I	nstructions						NEXT	
		Submit ti	his claim to get re ealth Care	elmbursed for you	r out-of-pocket expenses.						
		Before Have you	You Start	n front of you. Er	ter one item at a time.						
		1 Enter Clai	im Details Rev Dor	view and Upload cumentation	3 Submit Claim and Print Form						
Cowridt tradmari personals	th 2002-2022 HealthEo k of HealthEoulty, Inc. Ne situation.	uity, Inc. All Rights Reserved. All oc part of this site is intended to pro	ontents and the design of vide tax or legal advice. S	this web site are coverigi avings examples are prov	ted by HeolthDquite, Inc. and ware be pr ded for Illustrative purposes only. You s	atected by of rould consult	her laws, health a professional	Equity is a re advisor regar	gisterd ding your		

- 4. Punan ang lahat ng impormasyong kinakailangan
 - I-click ang "Next No More Items for This Claim"

	11						A Hame	Messages		E+ Logout	Joe Member 10401340	1
	Dashboard C	laims & Activity	Calculators	Card Center								
BACK			En	Step 1 of 3 Iter Claim Item 1								
		Enter the follow submit to verify All fields are required	ing as dis this claim dunless not	splayed on the docume I. ed as optional.	ntation you v	will						
		Provider	Name	Select Name		~](+ADD	NEW PRO	OVIDER]		
		rt Date		MM/DD/YYY you received paid	Y (examp d care, n	ole). Day ot day y	r(s) ou					
	Service End Date (optional) MM/DDIYYYY (sxample). If for more than one day											
	Description of Service - Select From Common Services or Other Services:											
		Common Se	rvices	Co-payment (I	medi	\sim						
		Other Se	rvices	Select from O	thers	\sim						
		A	mount	\$			Your ou	it-of-pock	et cost			
		Patient	Name	Joe Member (Acco	v]	+ADD	NEW PAT	TIENT			
	Mileage Reimb	ursement for This (op	Claim tional)	Enter Mileag	e							
				Enter Locatio	ons							
	_											
	MOR	E - Add Anothe	r Item	for This Claim								
	NEX	I - No More Iter	ns for	This Claim								
Capy trado perso	right© 2002-2022 HealthEquity, In mark of HealthEsuity, Inc. No part o mal situation.	All Rights Reserved. All contents this site is intended to provide to	and the design ocor legal advice	of this web site are copyrighted by H c. Savings examples are provided for i	ealthEquity. Inc. and i Ilustrative purposes o	may be prote only. You sho	acted by oth uld consult	er lovs, heal@ a professional	Equity is a re advisor regar	gisterd ding your		

- 5. Suriin at isumite o i-save ang iyong claim
 - Kung kailangan ng resibo, may lalabas na pop-up na mensaheng nagsasaad ng "Na-save pero Kailangan ng Resibo"

SFMRA		# Ham	e Messages Support Legalt Metalizer
Da	shboard Claims & Activity Calculators Card Center		
BACK	Step 2 of 3 Review and Submit	t Claim	SUBMIT CLAIM
	Entered Claim Items (1)	Total \$10.	
	Delete All Claim Items		
	Dental One Associates (St Co-payment (medical, in-netwo for John Dee (Account Holder)	ork) 1	10.00
	Add Documentation for This Claim		
	The IRS require the following information for valid documental	tion	
	Date of service or purchase Description of service or purchase Provide or merchant name Patient name Yaur cost		
	Note: Some plans require additional documentation		
	CERTIFICATION AND AUTHORIZATION I certify that the Information on this form is accurate and complete regresses incorrectly myself are an eligible dependent while I was a received these products and services and have not and will not ea- other plan or garly. If an accorect under more than one health care according to the payment order determined by those plans and as a	am requesting reimbursement for e participant in the plan. I have already k reinhoursement of this expense fro account, reimbursement will be mad stated on the WageWorks Web Site.	ligible / many le
Casy iyla 2200 tostenarko filo penso stabilekto	2022 HealthCarla, Inc. Al Rhafe Rearved AT cars on a well-to distance the energy of the Bhooks Inc. Ho set of the set of the set of the weak in a velopin back. Setting backness a spore Const.	al tre Hollthfaarty, Inc. er dinney be protoctaal by e ed for Husbrit op prosess ofty "No should consu	tiller f.exe, healt) Eani vis erspärard it a andessional acidsonngavel rgyskin

- 6. Para magsumite ng resibo, mayroon kang tatlong opsyon:
 - Magsumite ng Resibo Online NGAYON (inirerekomenda para sa mas mabilis na pagpoproseso)
 - Magsumite ng Resibo Online SA IBANG PAGKAKATAON (ang claim ay magpapakita ng "Nakabinbing Status" hanggang sa maisumite ang isang resibo)
 - Mag-download ng Form sa Pag-claim (Mapupunan kaagad ang form sa pag-claim ng impormasyong inilagay online at maaari itong ipadala sa pamamagitan ng fax o koreo kasama ng iyong resibo para sa pagpoproseso)

SFMRA				A	Nesages	<u>,</u>		Aste Member 10401340
Dashboard	Claims & Activity Calculator	rs Card Center						
BACK	Atta	Step 3 of 3 ach Documentati	on					
	Your Documentation Your documentation was be receipt for payment. All information will be recessery.	On is Needed wed by a plan's "Claim is By" verified when your claim is	date in order to be considere inocessed, and corrected if	d				
	Your Documentation Must Include: • Date of service or purchase • Description of service or purchase • Powder or receivant wave • * Our over • Your over							
	Choose One of The Summit an electronic resiston of your documentation enline NOW. Recommended This is the fasteet way to get your claim processed.	ese Options annut an electronic reson of your acumentation online ATER.	Compared a claim form to print and send via fax or mail					
	Attach Documentatio	n Online NOW						
	Attach Documentatio	n Online LATER						
	Download Claim Form	n (PDF)						
	Done							
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- 7. Para Magsumite ng Resibo NGAYON:
 - I-click ang "Submit Receipt NOW"
 - I-click ang "NEXT" sa screen ng mga tagubilin

SF MRA		Home Messages Support Logat 10401340
Dashboard Claims	& Activity Calculators Card Center	
BACK	Instructions	NEXT
CeangleS 2002, 2022 HotPMgalley Inc. All Rig teacement of Facility States (inc. Ne part of March annous Burclan)	Attach Your Documentation Online Archain will be processed within a few days, ruturn to this site to view the site of your dain and payments.	Instantia source and source regarding your

- 8. I-upload ang iyong resibo sa pamamagitan ng pag-click sa file ng resibo
 - Magsuri, mag-delete, o magdagdag ng mga karagdagang dokumentasyon sa pag-claim

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

Piliin ang file ng resibo at i-click ang "SUBMIT RECEIPTS"



Medical Reimbursement Account Online na Pagsusumite ng Claim – Pay My Provider

Nag-aalok ang HealthEquity/WageWorks sa mga empleyado ng pagkakataong gamitin ang kanilang account upang magbayad ng mga provider nang direkta para sa mga serbisyo/invoice sa halip na ang mga empleyado ay nagbabayad mula sa sariling bulsa at pagkatapos ay binabayaran pabalik para sa gastos.Ang prosesong ito ay kilala bilang Pay My Provider (PMP).

1. Para magsumite ng online na pag-claim, i-click ang "Pay Provider"

- MKA	💰 Reimburse Me	Pay Provider Da View Claim	is & Payments	
SF MRA \$1.00 >	Available Balance 51.00 Touli Benefit \$1.00	Spend it By Jul 11, 2026 First Day Available Airt 0, 2023 Clarm it By No Claim Deadline	Total Spent Sozo	
	RECENT ACTIVITY Ver Al		Status	Amount
	07/21/2023 Pre-Tax Proc	ram Sponsor Additional Contribution	Posted	51.00

- I-click ang "Payment Selection" sa screen ng mga tagubilin
- 2. Ilagay ang Impormasyon ng Claim Make One-Time Payment



3. Punan ang mga field na Petsa ng Serbisyo at Petsa ng Pagtatapos ng Serbisyo (opsyonal), pagkatapos ay i-click ang **"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. Ilagay ang Impormasyon ng Claim

Punan ang mga bahaging ito:

- Paglalarawan (Nakalista ang mga pinakamadalas na kwalipikadong gastusin)
- Halaga (Ilagay ang gastos mula sa sariling bulsa)
- Pangalan ng Pasyente (Ililista ang Pangalan ng May-ari ng Account sa drop-down menu upang pumili)
- Magdagdag ng Bagong Pasyente (opsyonal, hinahayaan kang magdagdag ng kwalipikadong pangalan ng dependent, kung ang claim ay naka-link sa iyong kwalipikadong dependent)
- Invoice Number (opsyonal ngunit inirerekomenda)
- Account Number (opsyonal ngunit inirerekomenda)

	+ SF MI	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 unle Refer to your provider's	isplayed on the receipt or contract you his 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.

I-click ang "Next"

5. Ilagay ang Impormasyon ng Claim

Punan ang mga bahaging ito:

- Pangalan ng Provider
- Address ng Provider para sa koreo
- Pang-araw na Numero ng Telepono ng Provider

	+ SF MI	RA PAY MY PROVIDER CLAIM	April 5, 2024
BACK	Enter I	Step 3 of 5 Provider Information	NEXT
	Add a New Provider Ensure quick mail derivery provider's involce. All fields are required unle	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 E	ixt. (optional)

I-click ang "Next"

- 6. Suriin at Isumite ang Claim
 - Suriin ang mga detalye at piliin ang "Submit Claim"
 - Hihilingin sa mga kalahok na isumite ang kanilang mga resibo

	+ SF MRJ	A PAY MY PROVIDER C	LAIM	April 5, 2024
ВАСК	Review	Step 4 of 5 and Submit C	laim	SUBMIT CLAIM
	Carefully review the informa Your receipt must be receiv considered for payment. All necessary) when your claim	ation before you submit ; ed by a plan's "Claim it E information will be verifien n is processed.	your claim. 97 date in order to be ed (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 batance to make payment.	ate , review of receipt, and v	erification of available	

"Kung pinili ang Isumite ang Claim ngunit hindi nakalakip ang isang resibo, makikita sa isang pop-up window ang "Saved but need Receipt!"



• I-click ang "OK" at may pagkakataon kang magsumite ng resibo sa susunod na hakbang

- 7. Magsumite ng Resibo
 - Para sa mga hakbang sa pagsusumite ng resibo, tingnan sa page 4

Mga Tagubilin sa Claim ng Pay My Provider: Mga Umuulit na Pagbabayad

- 1. I-click ang "Payment Selection" sa screen ng mga tagubilin
- 2. 2. I-click ang "Make Recurring Monthly Payments" upang magpatuloy
- 3. Ilagay ang Impormasyon ng Claim

Punan ang mga field na ito:

- Petsa ng unang paghiling ng pagbabayad
- Petsa ng unang serbisyo ng pagbabayad
- Bilang ng mga pagbabayad

+ SF M	RA PAY MY PROVIDER CLAIM	April 18, 202
Ent	Step 1 of 5 er Service Date(s)	NEXT
Enter the following as d submit to verify this cla claim is processed. First requested payment First requested payment Service Date or later. All fields are required.	isplayed on the receipt or contract you will Im. All information will be verified when your date must be 10 days in the future or later. date must be within 10 days of the First Payment	
First Requested Payment Date	04/28/2024 MM/DD/Y want first 03/01/2024 MM/DD/Y day of ca requester	YYY (example). Day you payment mailed. YYY (example). First is covered by first j payment.
Number of Payments	2 time. front of you. time. Follow These Steps Service Steps Derive Service Enter Item Date(s) Details Service and Date(s) Details	Jpioad Receipt(s)
8	Make One-Time Payment Make Recurring Monthly Payments	

Piliin ang "Next"

4. Suriin ang Iskedyul ng Pagbabayad

+ 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	
Total	2 Payments	

Piliin ang "Next"

- 5. Ilagay ang Impormasyon ng Claim
 - Punan ang mga field sa ibaba at i-click ang "Next" kapag tapos na

	+ SF MF	RA PAY MY PROVIDER CLAIM		April 5, 2024
BACK	En	Step 2 of 5 Iter 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 ventiled when you ss noted as optional, invoice for Invoice & Account Numbe	u will r 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. Ilagay ang Impormasyon ng Claim

Kinakailangan ang Kontrata Bilang Resibo para sa Mga Paulit-ulit na Pagbabayad

Receipt	NEX
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
οκ	

- 7. Ilagay ang Impormasyon ng Provider
 - Punan ang mga sumusunod na naka-highlight na bahagi:

	♦ SF MI	RA PAY MY PROVIDER CLAIM	April 5, 2024
BACK	Enter F	Step 3 of 5 Provider Information	NEXT
	Add a New Provider Ensure quick mail delivery providers invoice. All fields are required unle	y 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 🛩	
	ZIP Code	47172 - (optional)	
	Daytime Phone	Area Prefix Line Ext. (o	ptional)

- 8. Suriin at Isumite ang Claim
 - I-click ang "Isumite ang Claim" pagkatapos suriin ang iyong impormasyon

	+ SF MR	A PAY MY PROVIDER (CLAIM	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 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) 111-111	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. Magsumite ng Resibo
 - May tatlong paraan ka para magsumite ng resibo. Pumili ng isa:



- Pagkatapos mong pumili ng paraan upang magsumite, i-click ang "Susunod" upang magpatuloy
- 10. Mag-upload ng Resibo



Magsuri, mag-delete, o magdagdag ng mga karagdagang dokumentasyon sa pag-claim



Kumpirmasyon

BACK	Step 2 of 2 Review and Submit Receipt(s)	SUSMITRECEIPTS
Dr. Test		\$50.00
CERTIFICATION of expenses incurs reserved those pro- observed those pro- observed incurs of party according to the pro- service indicates enter username of	Success! Your receipt / flie 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.	tent for eligible Unave already nor from any be mode of Sine. Use of this or living stranon.

Pindutin ang "OK." Nakumpleto mo na ngayon ang iyong pagsusumite

May mga tanong?

Kung mayroon kang anumang katanungan tungkol sa pagsusumite ng isang claim online, ang aming HealthEquity/WageWorks Member Services team ay available 24/7 upang tulungan ka sa proseso o sagutin ang anumang katanungan tungkol sa iyong account.

Mangyaring tawagan kami sa 1(866) 697-6078.