

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

Isang mahusay na paraan ang iyong Medical Reimbursement Account upang makatipid sa mga kwalipikadong medikal na gastusin, at nagsikap ang HealthEquity|WageWorks upang gawing simple hangga't posible ang proseso ng mga pag-claim at reimbursement.

Binabalangkas ng gabay na ito ang proseso ng mga pag-claim/pagsusumite gamit ang HealthEquity|WageWorks website.

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 pangangalagang pangkalusugan na may mga pondong maaaring gamitin para sa mga kwalipikadong gastusin sa pangangalagang pangkalusugan. Ibig sabihin, dapat ay masuportahan ng dokumentasyon ang mga transaksyon upang patunayang kwalipikado ang gastusin.
- Kakailanganin ng resibo o iba pang naaangkop na dokumentasyon na may mga sumusunod na impormasyon:
 - Pangalan ng Provider
 - Pangalan ng Pasyente
 - Uri ng Serbisyo
 - (Mga) Petsa ng Serbisyo
 - Responsibilidad ng Pasyente

Proseso ng mga online na pag-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 ka pa nakakagawa ng iyong account, kakailanganin mo munang gawin iyon.

Paghahain ng claim

Pagkatapos mong mairehistro ang iyong 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
YOUR ACCOUNT FOR HEALTH CARE

User Name
Password
GO

[Forgot Your Username or Password?](#)

[New Users - Register Here](#)

Welcome to the Medical Reimbursement Account (MRA) website

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.

Your Payment Options

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, on time, every time. It's simple to enable direct deposit on your account. [Get started now!](#)

LET'S TAKE A LOOK

Este sitio web no está disponible en español. Si necesita ayuda en español, llame al (866) 697-6078. Es posible que haya un pequeño momento de silencio mientras trasladamos la llamada con un representante que hable español.

本網站尚無中文版本。如需中文支援，請致電：(866) 697-6078。當我們把您的來電轉給中文代表接聽時可能有短暫的靜默。

Spending Account Online Services brings you information and tools to:

- Review your spending account balances
- Review claims status
- View your statements
- Download 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.

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2. Mula sa pangunahing dashboard, i-click ang I-reimburse Ako

SFMRA
YOUR ACCOUNT FOR HEALTH CARE

Home Messages Support Logout Joe Member 10401340 JM

SPONSORED ACCOUNTS
Acme Corp, Inc.

Medical Reimbursement Account
\$180.83
Use From 01/01/2023 to 12/31/2023

Medical Reimbursement Account
Full Purpose FSA

[Reimburse Me](#) [Pay Provider](#) [View Claims & Payments](#) [Pick and Process](#)

Available Balance*
\$180.83
[Shop qualified FSA items at FSASore.com](#)

Spend It By:
12/31/2023
First Day Available: 01/01/2023
Claim It By: 03/31/2024

Election Amount:
\$2,700.00
Total Funds Out: \$333.34
You can carry over \$500.00 to next plan year.

RECENT ACTIVITY [View All](#)

Date	Activity	Status	Amount
09/14/2023	Mail-Order Diabetic Supplies	In Process Not Paid	-\$1,517.12
08/11/2023	Center for Orthopedic	Completed Paid	-\$17.97
06/01/2023	Surgery	In Process Not Paid	-\$12.79
07/21/2023	Mail-Order Diabetic Supplies	In Process Partially Paid	-\$20.13
07/15/2023	Greenwood Diabetes Clinic	Completed Paid	-\$233.34

* Balances may not reflect current card transactions

MANAGE ACCOUNT

[General Forms](#)
[Statements](#)
[About This Program](#)
[Eligible Expenses List](#)
[Eligible Dependents List](#)
[Manage Cards](#)
[Authorized Individuals](#)

RESOURCES

[FSASore.com](#)

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3. Basahin ang Mga Tagubilin sa Pagsusumite ng Mga Claim at i-click ang Susunod

The screenshot shows the 'Instructions' page for submitting a claim. At the top, there's a navigation bar with 'Dashboard', 'Claims & Activity', 'Calculators', and 'Card Center'. Below this, a 'BACK' button is on the left and a 'NEXT' button is on the right. The main content area is titled 'Instructions' and contains a box with the following text:

Submit this claim to get reimbursed for your out-of-pocket expenses.

Health Care

Before You Start
Have your documentation in front of you. Enter one item at a time.

Follow These Steps

- 1 Enter Claim Details
- 2 Review and Upload Documentation
- 3 Submit Claim and Print Form

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4. Punan ang mga field na Pangalan ng Provider, Petsa ng Serbisyo, at Petsa ng Pagtatapos ng Serbisyo (opsyonal)

- I-click ang 'Susunod – Wala Nang Item para sa Claim na Ito'

The screenshot shows the 'Enter Claim Item 1' form. At the top, there's a navigation bar with 'Dashboard', 'Claims & Activity', 'Calculators', and 'Card Center'. Below this, a 'BACK' button is on the left. The main content area is titled 'Step 1 of 3 Enter Claim Item 1'. It contains a box with the following text:

Enter the following as displayed on the documentation you will submit to verify this claim.

All fields are required unless noted as optional.

Provider Name **+ADD NEW PROVIDER**

Service Start Date MM/DD/YYYY (example), Day(s) you received care, not day you paid

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

Description of Service - Select From Common Services or Other Services:

Common Services

Other Services

Amount \$ Your out-of-pocket cost

Patient Name **+ADD NEW PATIENT**

Mileage Reimbursement for This Claim (optional)

☐ Enter Mileage

☐ Enter Locations

MORE - Add Another Item for This Claim

NEXT - No More Items for This Claim

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5. Suriin at Isumite o I-save ang Claim

- Kung kailangan ng resibo, may lalabas na pop-up na mensaheng nagsasaad ng “Na-save pero Kailangan ng Resibo”

Step 2 of 3
Review and Submit Claim

Entered Claim Items (1) Total: **\$10.00**

[Delete All Claim Items](#)

Deleted One Association (2):
Co-payment (medical... in-network) for John Doe (Account Holder) **\$10.00**

Add Documentation for This Claim

*Max file size 5MB. Accepted file types are: JPG, PDF, TIFF, GIF, PNG

The IRS require the following information for valid documentation

- Date of service or purchase
- Description of service or purchase
- Provider or merchant name
- Patient name
- Your cost

Note: Some plans require additional documentation

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.

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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 PAGKAKAT AON** (mabibinbin ang claim hangga't hindi natatanggap ang resibo)
- Mag-download ng Form sa Pag-claim (Mape-prepopulate 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)

Step 3 of 3
Attach Documentation

Your Documentation is Needed
Your documentation must be received by a plan's "Claim it By" date in order to be considered for payment. All information will be verified when your claim is processed, and corrected if necessary.

Your Documentation Must Include:

- Date of service or purchase
- Description of service or purchase
- Provider or merchant name
- Patient name
- Your cost

Choose One of These Options

A Attach an electronic version of your documentation online **NOW**.
Recommended! This is the fastest way to get your claim processed.

B Submit an electronic version of your documentation online **LATER**.

C Download a claim form to print and send via fax or mail.

Attach Documentation Online NOW

Attach Documentation Online LATER

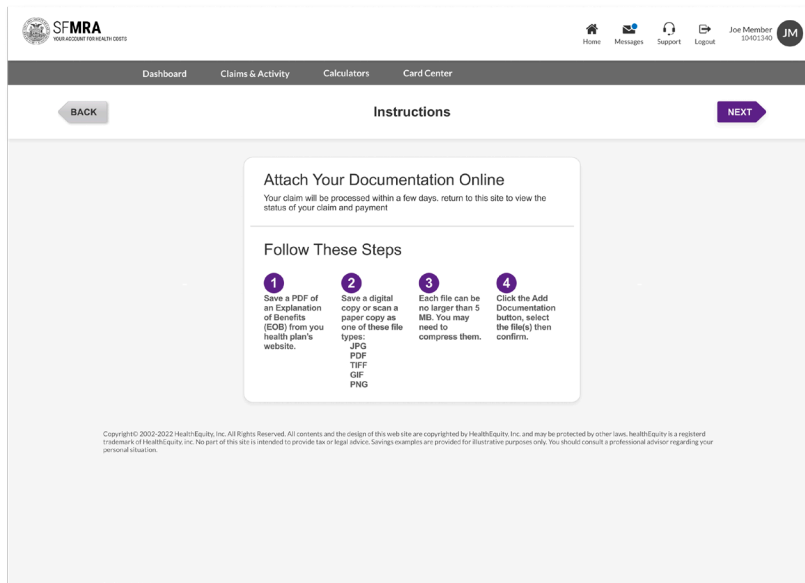
Download Claim Form (PDF)

Done

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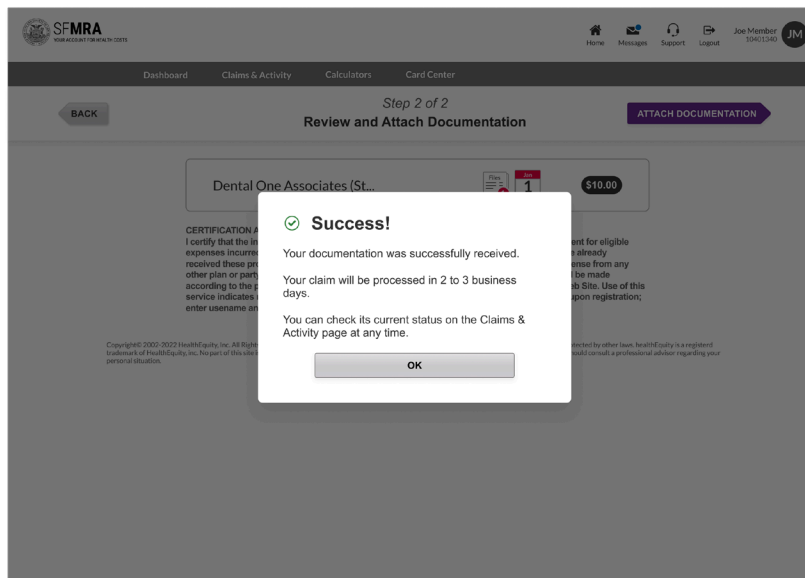
7. Para Magsumite ng Resibo NGAYON

- I-click ang Magsumite ng Resibo NGAYON
- I-click ang SUSUNOD sa screen ng mga tagubilin



8. Mag-upload ng resibo sa pamamagitan ng pagpili sa file ng resibo

- Magsuri, mag-delete, o magdagdag ng mga karagdagang dokumentasyon sa pag-claim
- Piliin ang file ng resibo at i-click ang MAGSUMITE NG MGA RESIBO



May mga tanong?

Kung mayroon kang anumang tanong tungkol sa pagsusumite ng claim online, available 24/7 ang aming team ng Mga Serbisyo para sa Miyembro ng HealthEquity|WageWorks upang tulungan ka sa proseso o para sumagot ng anumang tanong tungkol sa account na mayroon ka.

Tawagan kami sa **866.697.6078**