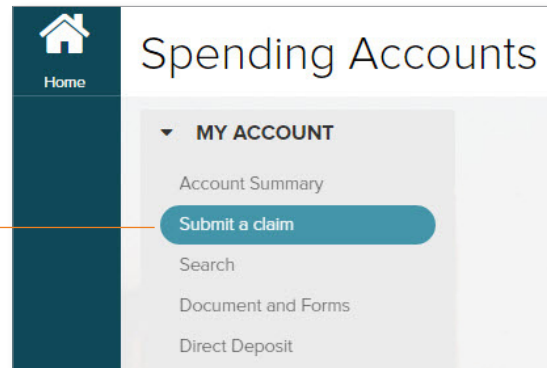


# Medical Reimbursement Account Online Claims Submission User Guide

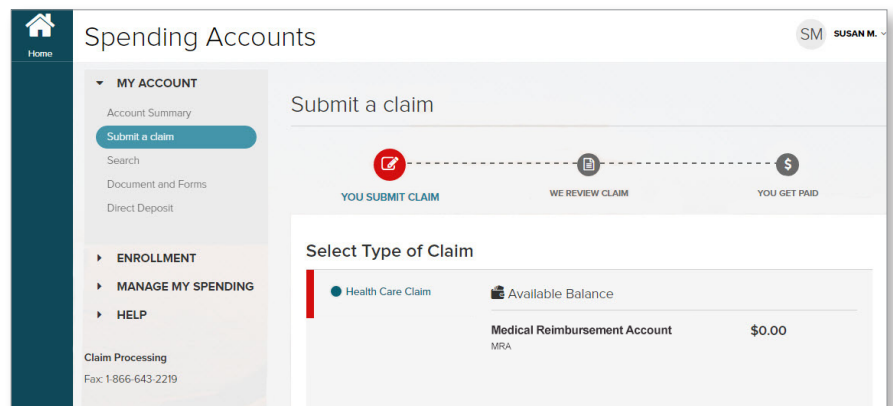
## A FASTER, EASIER WAY TO SUBMIT CLAIMS

MRA participants can enter claim data online and upload images of scanned documentation.

Once you log in to the spending account web site, you will have the option to enter claim data online. Click Submit a Claim from the main menu to begin.



After clicking Submit a Claim, you will see this screen.



## CLAIM TYPE

Based on the accounts you are enrolled in, you may see the following options:

- SF MRA



Select Type of Claim

Health Care Claim

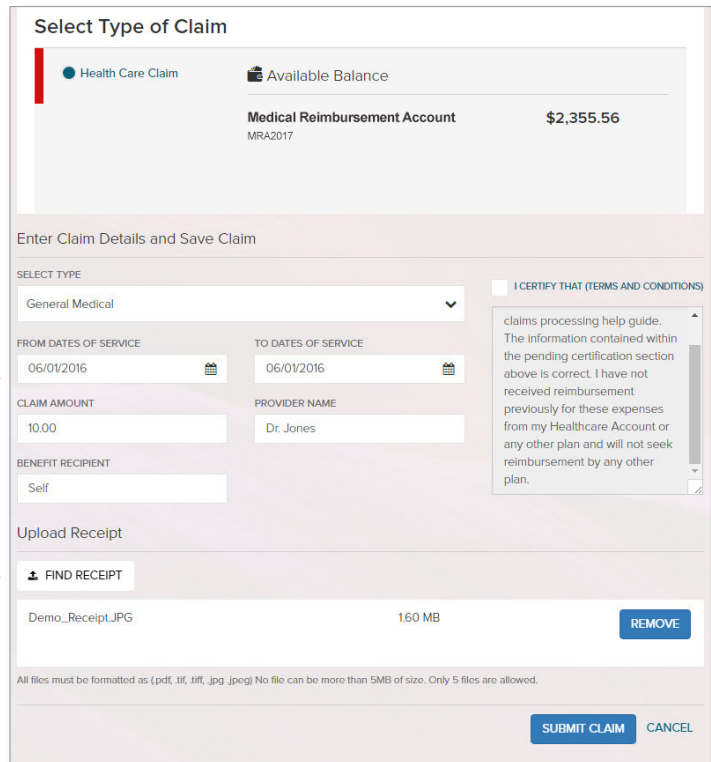
Select the claim type and complete all Claim Detail fields.

**Note:** The Claim Detail fields change depending on the claim type you select. Make sure all fields are complete before continuing, including the Certification check box.

## UPLOADING RECEIPTS

Click Find Receipt to begin the uploading process. All files must be formatted as .pdf, .tif, .tiff, .jpg, .jpeg. File size cannot exceed 5MB and only five receipt files are allowed.

Once the file appears in the window, click Submit Claim. After the claim is submitted, you will receive a message that WageWorks® has successfully received the claim.



Select Type of Claim

Health Care Claim

Available Balance

Medical Reimbursement Account **\$2,355.56**  
MIRA2017

Enter Claim Details and Save Claim

SELECT TYPE  
General Medical

FROM DATES OF SERVICE: 06/01/2016 TO DATES OF SERVICE: 06/01/2016

CLAIM AMOUNT: 10.00 PROVIDER NAME: Dr. Jones

BENEFIT RECIPIENT: Self

I CERTIFY THAT (TERMS AND CONDITIONS)  
claims processing help guide. The information contained within the pending certification section above is correct. I have not received reimbursement previously for these expenses from my Healthcare Account or any other plan and will not seek reimbursement by any other plan.

Upload Receipt

[FIND RECEIPT](#)

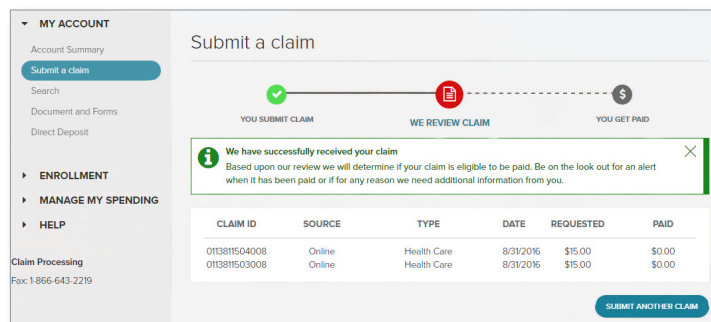
Demo\_Receipt.JPG 1.60 MB [REMOVE](#)

All files must be formatted as (pdf, tif, tiff, jpg, jpeg) No file can be more than 5MB of size. Only 5 files are allowed.

[SUBMIT CLAIM](#) [CANCEL](#)

**ATTENTION MAC USERS!** If you are using Google Chrome on a Macintosh, you must drag and drop the receipt file directly onto the Upload button to successfully upload the receipt.

After the claim has been submitted, you will then see a submission timeline and a summary of claim expenses. You also have the option of submitting another claim.



MY ACCOUNT

Account Summary

Submit a claim

Search

Document and Forms

Direct Deposit

ENROLLMENT

MANAGE MY SPENDING

HELP

Claim Processing  
Fax: 1-866-643-2219

Submit a claim

YOU SUBMIT CLAIM WE REVIEW CLAIM YOU GET PAID

**We have successfully received your claim**  
Based upon our review we will determine if your claim is eligible to be paid. Be on the look out for an alert when it has been paid or if for any reason we need additional information from you.

CLAIM ID	SOURCE	TYPE	DATE	REQUESTED	PAID
01381504008	Online	Health Care	8/31/2016	\$15.00	\$0.00
01381503008	Online	Health Care	8/31/2016	\$15.00	\$0.00

[SUBMIT ANOTHER CLAIM](#)

## ADVANCED SEARCH

Unable to find your claim? Select Search from the main menu then the Advanced Search drop down. You can apply several search filters such as card transactions or claims needing attention.

**MY ACCOUNT**

- Account Summary
- Submit a claim
- Search**
- Document and Forms
- Direct Deposit

**ENROLLMENT**

**MANAGE MY SPENDING**

**HELP**

### Search

CLAIMS PAYMENTS CONTRIBUTIONS

> Show Me

Advanced Search

ACCOUNT: All Accounts

RECEIPT NUMBER: optional

CLAIM ID: optional

**Filters** CLEAR ALL SEARCH

**Claim Type**

- Mailed/Failed Claims
- Other Claims

**Claim Status**

- Claims Needing Attention
- Ineligible Claims
- Paid Claims
- Pending Claims

**Claim Date**

FROM: MM/DD/YYYY

TO: MM/DD/YYYY

