How to Submit a Reimbursement Request

If you used personal funds – a personal credit card, cash or check – to pay for an eligible expense, you'll have to submit a request to be reimbursed. Here's how.

Documentation Success

Make sure your documentation is accepted every time. IRS guidelines require these five pieces of information on all documentation.

1. Name of the patient (you, your spouse or dependent)
2. Date the service was provided
3. Name of the service provider
4. Description of service
5. Amount/cost of item or service provided

HOT TIP

An Explanation of Benefits (EOB) provided by your insurance carrier usually contains all the required information.

Step 1

Visit Mobile App or Online Portal

Log in to your account.

Step 2

Enter the Required Information

Mobile: Tap **"Make a Payment/Add a Claim"** on iPhones, tap Payments/ Reimbursements on Android phones. Follow the on-screen prompts to fill in the requested information.

Online: Click **"I want to…Reimburse Myself."** Follow the on-screen prompts and fill in the requested information.

Step 3

Check Your Documentation

Be sure your documentation contains these five pieces of information:

1. Patient name
2. Date of service
3. Doctor's name
4. Description of the service
5. Amount charged

Step 4

Submit Your Documentation

Mobile: Follow the on-screen prompts to take a picture of your documentation with your phone, or upload a picture stored on your phone. Continue through the on-screen prompts to finalize your request.

Online: Follow the on-screen prompts to choose to fax or upload documentation.

Fax: Click the **"Print Fax Cover"** button to print the fax cover form. Fax the form, along with your documentation, to the number on the form. Continue through the on-screen prompts to finalize your request.

VERY IMPORTANT: Each fax cover form has a unique bar code at the top; be sure to use the fax cover form for this claim. If you have more than one claim, send each claim as a separate fax.

Upload: Follow the on-screen prompts to upload documentation that is saved on your computer. Continue through the on-screen prompts to finalize your request.

You're done! If we have all the information we need, we'll process your reimbursement within days. If we need additional information from you, we'll let you know.

*Health Savings Accounts (HSAs) will not require documentation, but you should always retain your documentation in case it is needed at tax time.
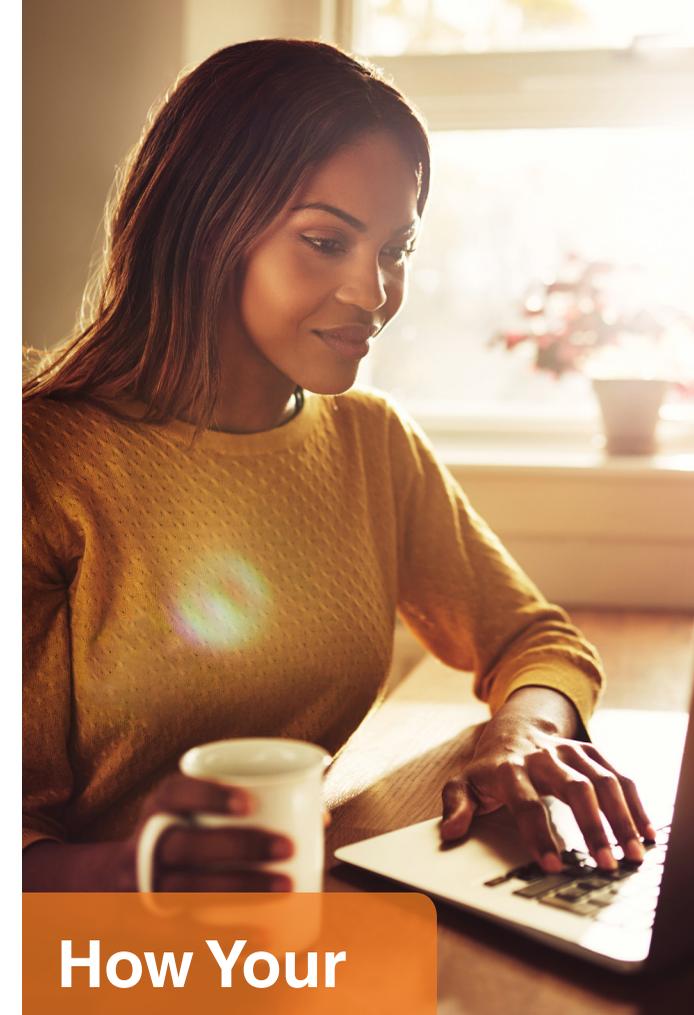
How Your Account Works

Connect Your Care

Paying for Care is Easy...

This step-by-step guide explains how to use your account. **Let's start at the doctor's office.**

Step 1

Go to the Doctor, Dentist, Eye Doctor, Pharmacist or other Health Care Provider.

✓ Show your insurance ID card.

✓ **Pay copays and other charges** with your payment card or with personal funds. Your choice of payment impacts Step 3, so keep reading.

✓ Ask your doctor for an **itemized receipt** as documentation* – be sure it contains these five pieces of information:

1. Patient name
2. Date of service
3. Doctor's name
4. Description of the service
5. Amount charged

*Health Savings Accounts (HSAs) will not require documentation, but you should always retain your documentation in case it is needed; at tax time.

Step 2

Pay Additional Charges (if any)

✓ Your insurance plan will process the claim. You may receive a bill for your portion owed.

✓ Pay with your payment card or personal funds. Your payment choice impacts **Step 3.**

✓ Keep your insurance plan documents, including Explanation of Benefits (EOB) as documentation.

Step 3

Complete the Payment Process

✓ **Payment Card:** If you paid using your payment card, you may have to submit documentation. We'll try to automatically verify that your payment card charges were eligible, but if we cannot, we'll ask you for documentation. (See **How to Submit Documentation for a Payment Card Charge** section.)

✓ **Personal Funds:** If you paid with personal funds, you will have to request reimbursement online or via the mobile app, and submit your documentation. (See **How to Submit a Reimbursement Request** section.)

We'll automatically check as many payment card charges as we can, but at times, you may have to submit documentation.

How does ConnectYourCare automatically check eligibility?

We use a number of methods, like automated information from the merchant or your health plan and exact matches to your plan's copay amounts or previously approved claims, to automatically approve as many charges as possible.

Why would a doctor/dentist/eye doctor charge need documentation?

It may seem obvious that a charge at a legitimate health provider would be approved, but we must check the item's eligibility (not teeth whitening, for example) and that it was during your plan year.

What if I don't submit documentation?

Your payment card will be temporarily suspended if documentation is not received. We'll turn it back on once documentation is received and processed.

How to Submit Documentation for a Payment Card Charge

Step 1: Is Documentation Needed?

Mobile: Tap **"Claims Requiring Your Action."**

Online: If you owe documentation, there will be an orange flag on the home page. Click the link beside the flag to see a list of your claims. Claims requiring documentation will have the same orange flag.

Or, you can wait until we send you email and postal notices.

Step 2: Check Your Documentation

Make sure your documentation contains: 1. Patient name; 2. Date of service; 3. Doctor's name; 4. Description of the service; 5. Amount charged.

Step 3: Submit Documentation

Mobile: Follow the on-screen prompts to take a picture of your documentation with your phone, or upload a picture stored on your phone.

Online: Follow the on-screen prompts to choose to fax or upload documentation.

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