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## Create Claim

## Step 1 of 5 - Enter Claim Details

All fields are required unless indicated as optional. If you have an **existing claim** that needs attention, go to the [Claims Overview](#) page.

tip

If you used your YSA card, don't also create a claim for the same expense. (You'll be notified if you need to send receipts or documentation for your card transaction.)

## Account Type

Health Care ▾

## Type of Expense

Medical ▾

## Service Date

August ▾

1 ▾

2016 ▾



## Requested Amount

\$

Continue

Cancel

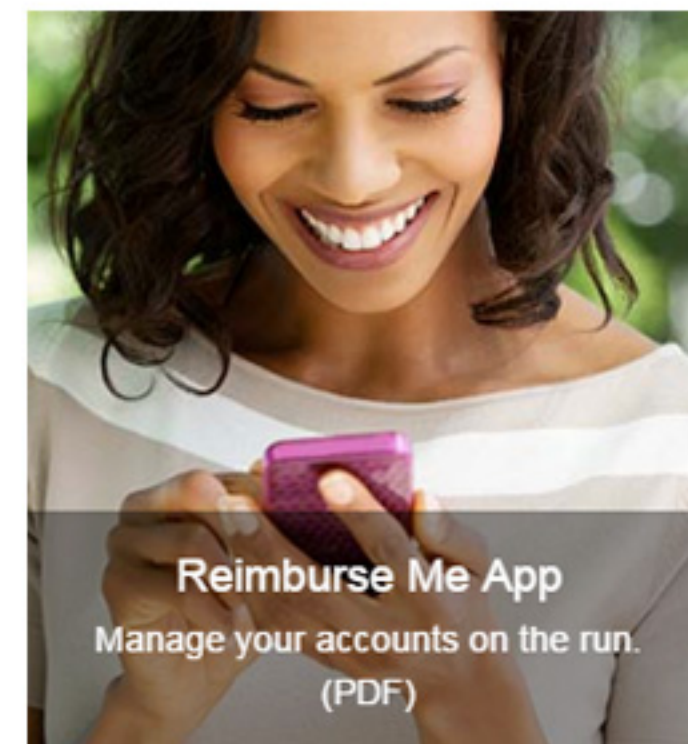
Health Savings  
Available Balance

\$100.00

as of Mar 3, 2016

## Your Claims

- You have no claims.
- As you add claims, they'll be listed here.





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Create Claim

## Step 1.1 of 5 - Confirm Claim Details

Review helpful hints based on your choices.

tip

**There might be a better option.**

Your Health Care Spending Account has \$400.00 to use for eligible expenses this plan year. If you don't spend this money by the end of the year, you could lose it.

**Health Savings Account (\$100.00)****Health Care Spending Account (\$400.00)****You don't have enough money in your account for a full reimbursement, based on your requested amount.**

However, you can submit this claim to use your remaining account balance of \$100.00.

**Requested Amount**

\$ 125.00

**Health Savings**

Available Balance

**\$100.00**

as of Mar 3, 2016

Your Claims

- You have no claims.
- As you add claims, they'll be listed here.

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## Step 2 of 5 - Enter Health Care Claim Details

All fields are required unless indicated as optional.

Service Provider

Patient

Continue

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Health Care  
Available Balance**\$400.00**

as of Mar 3, 2016

Your Claims

- You have no claims.
- As you add claims, they'll be listed here.



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Create Claim

## Step 3 of 5 - Send Your Receipts or Documentation

tip

### Learn What You Need to Send

Review helpful [sample receipts](#) to ensure yours include all the necessary information.

Choose an Option

#### ☒ Upload

The accepted file types are: .jpg, .jpeg, .gif, .tif, .tiff, .png, .bmp, .pdf.

Name

Size

You haven't added any documents.

Total

0 MB of 10 MB limit

[Add Document](#)

**Note:** By uploading documents, you agree that any expense paid through the account hasn't been reimbursed, and you agree not to seek reimbursement from another plan for any expenses that are paid by the account.

I hereby certify that the expenses for which I'm requesting reimbursement, or for which I'm validating:

- Were incurred for services or supplies my eligible dependents or I received through the plan
- Were for services or supplies furnished on or after the date my spending account takes effect
- Haven't been previously reimbursed in any other way or from any other source and won't be submitted for future reimbursement
- Don't include any amounts that are otherwise payable by plans for which my dependents or I are eligible

#### ☐ Fax or Mail

Health Care  
Available Balance**\$400.00**

as of Mar 3, 2016

Your Claims

- You have no claims.
- As you add claims, they'll be listed here.





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tip

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Choose an Option

#### ☒ Upload

The accepted file types are: .jpg, .jpeg, .gif, .tif, .tiff, .png, .bmp, .pdf.

| Name          | Size                  |        |
|---------------|-----------------------|--------|
| receipt 1.pdf | 1.2 MB                | Remove |
| Total         | 1.2 MB of 10 MB limit |        |

[Add Document](#)

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- Don't include any amounts that are otherwise payable by plans for which my dependents or I are eligible

#### ☐ Fax or Mail

Health Care  
Available Balance**\$400.00**

as of Mar 3, 2016

Your Claims

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Create Claim

# Step 4 of 5 - Review Claim Information

Verify the claim information you entered is correct, or make changes, before you submit your claim.

## Claim Details

Change

Account Type Health Care

Type of Expense Medical

Service Date Dec 30, 2015

Requested Amount \$125.00

Health Care  
Available Balance

\$400.00

as of Mar 3, 2016

Your Claims

- You have no claims.
- As you add claims, they'll be listed here.

## Health Care Claim Details

Change

Service Provider Alpine Family Physicians

Patient Sandra Alvarez

## Document Option – Upload

Change

Name Size

receipt 1.pdf 1.2 MB



Create Claim

Step 5 of 5 - Completed Successfully

Summary of Your Request  
Your request has been submitted.

What Happens Next

- Your request will be processed within 5 days after your receipts or documentation is received.
- You can check the status of your request [or resolve another existing claim] on the [Claims Overview](#) page.

Claim Details

|                  |              |
|------------------|--------------|
| Account Type     | Health Care  |
| Type of Expense  | Medical      |
| Service Date     | Dec 30, 2015 |
| Requested Amount | \$125.00     |

Health Care Claim Details

|                  |                          |
|------------------|--------------------------|
| Service Provider | Alpine Family Physicians |
| Patient          | Sandra Alvarez           |

Document Option – Upload

| Name          | Size   |
|---------------|--------|
| receipt 1.pdf | 1.2 MB |

Health Care  
Available Balance  
**\$400.00**  
as of Mar 3, 2016

Your Claims

|                          |          |
|--------------------------|----------|
| Alpine Family Physicians | \$125.00 |
| Total                    | \$125.00 |



Consider Direct Deposit  
It's a convenient, faster way to receive your reimbursements.



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Take Action

Create Claim

Step 1 of 5 - Enter Claim Details

All fields are required unless indicated as optional. If you have an **existing claim** that needs attention, go to the [Claims Overview](#) page.

tip

If you used your YSA card, don't also create a claim for the same expense. (You'll be notified if you need to send receipts or documentation for your card transaction.)

Account Type

Health Care

Type of Expense

Medical

Service Date

August

1

2016

Requested Amount

\$

Continue

Cancel

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Create Claim

Step 1.1 of 5 - Confirm Claim Details

Review helpful hints based on your choices.

tip

There might be a better option.

Your Health Care Spending Account has \$400.00 to use for eligible expenses this plan year. If you don't spend this money by the end of the year, you could lose it.

Health Savings Account (\$100.00)

Health Care Spending Account (\$400.00)

!

You don't have enough money in your account for a full reimbursement, based on your requested amount.

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Create Claim

Step 2 of 5 - Enter Health Care Claim Details

All fields are required unless indicated as optional.

Service Provider

Patient

Continue

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Health Care Available Balance

\$400.00

as of Mar 3, 2016

Your Claims

- You have no claims.
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Create Claim

Step 3 of 5 - Send Your Receipts or Documentation

tip


Learn What You Need to Send

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Choose an Option

☒ Upload

The accepted file types are: .jpg, .jpeg, .gif, .tif, .tiff, .png, .bmp, .pdf.

| Name          | Size                  |                                                                                            |
|---------------|-----------------------|--------------------------------------------------------------------------------------------|
| receipt 1.pdf | 1.2 MB                |  Remove |
| Total         | 1.2 MB of 10 MB limit |                                                                                            |

Add Document

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Create Claim

Step 4 of 5 - Review Claim Information

Verify the claim information you entered is correct, or make changes, before you submit your claim.

Claim Details

Change

|                  |              |
|------------------|--------------|
| Account Type     | Health Care  |
| Type of Expense  | Medical      |
| Service Date     | Dec 30, 2015 |
| Requested Amount | \$125.00     |

Health Care Claim Details

Change

|                  |                          |
|------------------|--------------------------|
| Service Provider | Alpine Family Physicians |
| Patient          | Sandra Alvarez           |

Create Claim

Step 5 of 5 - Completed Successfully

Summary of Your Request

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Claim Details

|                  |              |
|------------------|--------------|
| Account Type     | Health Care  |
| Type of Expense  | Medical      |
| Service Date     | Dec 30, 2015 |
| Requested Amount | \$125.00     |

Health Care Claim Details

|                  |                          |
|------------------|--------------------------|
| Service Provider | Alpine Family Physicians |
|------------------|--------------------------|