Wageworks - Flexible Spending Account (FSA) Desktop Reimbursement Instructions

Member must be logged in to their account on the website <u>www.wageworks.com</u> to submit an online Pay-Me-Back (PMB) claim. Online PMB claims cannot be processed until the receipt (s) and/or documentation has been received.

• Employees will click on "Submit Receipt or Claim" then Pay Me Back.



• Employees will see the following instructions.

	HEALTHCARE PAY ME BACK CLAIM	July 29, 2015
ВАСК	Instructions	NEXT
	Submit this claim to get reimbursed for your out of pocket expenses.	
	Before You Start Have your receipt in front of you. Enter one receipt at a time. Follow These Steps Claim Claim Details Chain Start Sta	

• Employees will be prompted to enter the 5 items of information from their receipt(s).

	CHEAL	THCARE PAY ME BACK	CLAIM		JL
ЗАСК	Er	Step 1 of 3 nter Claim Item	1		
	Enter the following as d verify this claim. All fields are required unle	isplayed on the receipt ; ass noted as optional.	you will submit	! to	
	Provider Name	Costco		~	* ADD NEW PROVIDE
	Service Start Date	07/29/2019	MM/DD/YYY you receive paid.		nple). Day(s) ot day you
Service	e End Date (optional)		MM/DD/YYY more than o		nple). If for
Description of S	Service - Select from C	Common Services o	or Other Ser	vices:	
	Common Services	Select from C	ommon	>	
	Other Services	Select from O	others	>	
	Amount	\$			Your out-of-pocket cost.
	Patient Name	Select Name		>	+ ADD NEW PATIENT
Mileage Reimburse	ement for This Claim (optional)	Enter Miles			
		Enter Loca	ations		

- Employees can enter a new provider in the field provided, or if claims have previously been submitted for a provider, they can select their name from the drop-down menu.
- The Other Services dropdown will list Ineligible expenses. When an ineligible expense is selected, a denial will occur prior to the submission of the claim.
- If an expense is questionable, a message will be triggered that an Letter of Medical Necessity/Prescription (LMN/RX) is necessary. This will let you know that additional documentation is required.
- If the Patient Name is not listed in the dropdown, employees should click on the '+Add New Patient' button and enter First Name, Last Name, and Select Relationship from the drop-down list.

Patient Name	Select Name	~	+ ADD NEW PATIEN
First Name			
Last Name			
Relationship	Select One Spouse Qualifying Child Qualifying Relative Other	ß	

• When the employee selects an eligible medical expense in the "description" box, medical mileage can be entered.

Mileage Reimbursement for This Cla (option		
Total Miles Driv	ven	
MORE - Add Another It NEXT - No More Items		
Mileage Reimbursement for This Claim (optional)	Enter Mileage	
Address Driven From		Enter address driven to and from to receive care.
Address Driven To	I	Full street address, or just city an state, or just ZIP Code can be used.
	CALCULATE	
MORE - Add Another Item NEXT - No More Items for		

- If there are multiple expenses on the same receipt, employees can click 'More Add Another Item for This Receipt' for each additional expense.
- Once all items from the receipt have been entered employees will click 'Next No More Items for This Receipt' button.

• The Claim Summary will display.



- The employee will have the option to click 'Back' to make changes to the information entered, if needed.
- Employees will have the option to delete a line if entered incorrectly by checking the 'Delete' box.
- If there are no changes, the employee will click the 'Submit Claim' to continue.
- After the employee clicks "Submit" they will be prompted to submit their receipt

• Saved but Need Receipt!
You are required to submit a receipt before your claim can be processed.
You will have the opportunity to do so next.
ОК

- Employees will have the option to 'Submit Receipt Online NOW' or 'Submit Receipt Online LATER'.
- By clicking the 'Submit Receipt Online NOW' provides employees with the option to upload the receipt.
- The next screen provides Instructions to upload the receipt. The following file types are acceptable, JPG, PDF, TIFF, GIF, PNG and ZIP. The maximum size limit is 5MB.

			0000			
			Submit Receipt			
	Your	Receipt is Ne	eded			
	for pay	ment. All information	ed by a plan's "Claim it By" da will be verified when your clai	te in order to be cor m is processed, and	isidered	
	correct	ed if necessary.				
		Receipt Must				
	2. De:	te of service or purch scription of service of	r purchase			
	 Pat 	wider or merchant na lient name	me			
	5. Your cost					
	Choo	ose One of The	ese Options			
	0		0	G		
	Submi	t an electronic n of your receipt	Submit an electronic version of your receipt	Print a claim for send via fax or r	m and	
	online	NOW. mended! This is	online LATER.	Send the last of t		
	the fast	test way to get				
	your ci	aim processed.				
	Subm	nit Receipt O	nline NOW			
	Subm	nit Receipt O	nline LATER			
	Print	Claim Form				
	Done					
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• Click 'Next' to select 'Add Receipt for This Claim'

BACK	Sele	o () ct Receipt File(s)		ND
	Comfort Dental		\$25.00	
	Add Receipt for This Clair	n		1

• Employees will be able to select a file on their computer for upload by highlighting the file and clicking on the 'Open' button

	<	Gutt	-	121
My Network	File name:	Benefits 2010.pdf		Open
Places	Files of type:	All Files (".")	-	Cancel

• A preview of the selected image will be provided to review before submitting.

• Employees will select 'Use This File' button or 'Do Not Use This File' button. The option to preview is not available for ZIP files (because the file is actually a folder that contains any number of other files).



• Employees will be prompted to select 'No More Documentation for This Claim' button.

	C HEALTH CARE PAY	ME BACK CLAIM - SUBMIT RECEIPT ON	INE	13 . 54
BACK	Sele	o 💿 ect Receipt File(s)		NEXT
	Comfort Dental	11errs 25	\$25.00	
	Dolote Testing.PDF		08.0 KB	
	Add More Documentation			
	No More Documentation f			

• To complete the submission employees will click 'Submit Receipts' button and will receive a confirmation of receipt submission.

