

isolved Benefit Services provides all Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) participants with an online portal that provides anytime access to view and manage account information. One of the many features available online is the capability to file a claim and upload any documentation to accompany the claim.

To file a claim and upload documentation, follow these steps:

Navigate to the isolved Benefit Services login page.

For security purposes, it is important for you to login to setup your Username and Password. isolved Benefit Services provides you with a 120-day timeframe to access your account to assist with the security of your account. If you access your account after the 120-day timeframe, you will need to contact isolved Benefit Services to receive a temporary password.

Login		
Username		Forgot Username?
Password	۲	Forgot Password?
	Remember Me	
	Login	

Enter your Username and Password. First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password.

**Note:** If you are using Internet Explorer 11 and have difficulty with processing a claim online, turn off your compatibility mode. Please follow these instructions if you are unaware of how to make that change to your browser.

### **Internet Explorer 11**

- 1. Navigate in Internet Explorer to the site you are trying to access.
- 2. Press the **Alt** key to display the menu bar.
- 3. Click the Tools menu and choose Compatibility View Settings.
- 4. In the Add this website field, you will see the domain (the last part of the website address).
- 5. Click Add.

Result: the domain appears in the list of websites you've added to compatibility view.

On the Home page, click File a Claim.

I Want To: File A Claim	<b>Or</b> from Want to	m any of the " drop dow	other tabs, clio n on the right items	ck on the "I of the menu	<b>I WANT TO</b> File A Claim
	Create Reimbursement		et aliabetha "Filia Olaias" buttan	* Required	
	Online claims filing is a fast a use and start filing!	nd easy way to file claims. Ju	ist click the "File Claim" button	next to the account you wish to	
	Pay From *	Medical	~		
	Pay To * 🕐	Select a Payee	*		
	Based on your selection, you	will be requesting a Claim R	eimbursement.		
	Cancel			Next	

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#### In the **Pay From** drop-down menu, choose the account type.

Create Reimbursement	
Online claims filing is a fast and use and start filing!	easy way to file claims. Just click the "File Cla
Pay From *	Medical ~
Pay To * 🗿 Based on your selection, you wi	Select a Payee Select a Payee Me Someone Else

Select a payee from the **Pay To** drop-down menu.

If the payee is not listed, select **Someone Else**.



Click Next once you have chosen the Pay From and Pay To.

When you select *Someone Else*, the next screen will be for you to set up a new payee in the system.

yee *	<ul> <li>Add a New Payee</li> <li>Select a Saved Payee</li> </ul>	Complete all requi	red fields and click Next.
yee Name *			
	Enter who provided this service (this may be a physician, hospital, etc.)		
no is this for?		Upload your receip	ot.
	When appropriate, provide the name of the person who received service.		
count Number *		Receipt / Docume	ntation
	Enter the account number that the payee uses to identify the service or recipient.		
yee Address *	Address Line 1	Receipt(s) ?	Upload Valid Documentation
	Address Line 2		
	Address Line 3		
	City	Pay From	Medical
	Select a state	Dev. Te	
	Enter the address of physician, hospital, etc. who provided the service.	Pay Io	Me
	Save new payee information		
om	Medical		
	Someone Else		

When uploading a receipt, it must be in .doc, PDF, bmp or gif format and must not exceed 2 MB.

Upload Receipt(s)	×
Upload options Browse for a file on your computer.	
Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number o uploaded receipts is 4.	f
Cancel Submit	

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Medical Equipment Operation & Upkeep

Claim Details			Enter your claim in	formation on the form
Start Date of Service *	12/3/2020		that appears (fields)	s with an asterisk "*" are
End Date of Service	12/3/2020		Start Date	of Service
Amount *	\$ 10.00		End Date o	f Service
Dravidar *			<ul> <li>Amount</li> </ul>	
FIOVIDEI	Dr Jones		Provider	
Category * ?	Select a category	~ )	Category	
Type *	Capital Expenses			
Description	Dental Drugs & Medicine		• Type	
Description	Hearing Impairment Medical Expenses		• Recipient	
	Medical Expenses Mental Health, Chemical Depe	ndency & Special Education		
	Drugs', you must provide a desc	ription.	Category * 🕐	Medical Expenses
			Type *	Select a type
the recipient is	not listed, click on Ad	d Dependent.		Health Institute
			Description	Hospital Services Laboratory Fees
Recipient *	⊖John Doe			Medical Copay
	O Alexander De	oe		Medical Equipment
	⊖Jane Doe			Medical Equipment Operation Medical Services
	Add Dependent	<b>-</b>	Recipient *	⊖John Doe ⊖Alexander Doe
				O Jane Doe
Did You Drive To F This Product/Serv	Receive OYes • No ice?* ?			
Add Dependent		×		
		*Denvirof		
Name * First N	lame MI	Fill out t	he dependent informatio	n, click on <b>Submit</b> .
Last N	lamo	Required	d fields are marked with a	an asterisk "*".
SSN*				
Birth Date * mm/do	l/yyyy 🗐			
Select	o geneer	Once all	of the required fields are	completed, click <b>Next.</b>

The next page is a Transaction Summary of your claim. Review the information to make sure everything is accurate. You can either remove or update if necessary.

O'Yes 
No

Select a relationship... \* Dependents added will be enrolled in the medical and dependent care plans in which you are enrolled Please contact your administrator to enroll a dependent in an HRA plan.

Full Time Student \*

Relationship \*

Cancel

#### Transaction Summary (1) AMOUNT APPROVED FROM EXPENSE + Health Care Account Ме Medical Copay \$10.00 \$10.00 Remo Total Amount \$10.00 \$10.00 **Claims Terms and Conditions** □ I have read, understand, and agree to the Terms and Conditions.

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#### You can either click on Submit, you can Save for Later or Add Another claim.

Calicer X	If you save for later, you
The transaction(s) are saved in the transaction summary and will be available until you logout from the consumer portal.	will see the claim as saved on your Home page.
Do you want to Continue?	
No Yes	
	Logout
ou log out prior to submitting your s eive the following prompt.	saved claim, you will You have transactions that have not been submitted. By logging out you will lose your transactions.
ou log out prior to submitting your s eive the following prompt.	saved claim, you will You have transactions that have not been submitted. By logging out you will lose your transactions. Do you want to Continue?

Remember, you can now **go mobile** by using your smart phone to access:

- FSA Account balances •
- Submit claims for reimbursement
- Send receipts using a mobile device's camera •
- Configure alerts via text message •

Easily check information now using an iPhone, iPod Touch, iPad or Android-powered device.