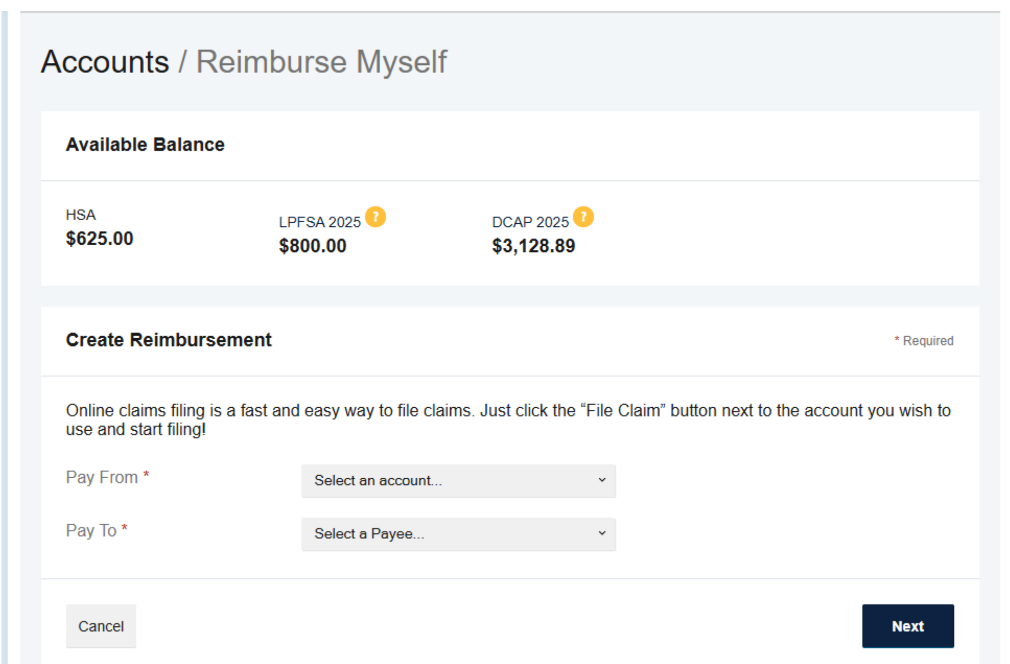
MEDSURETY
Health Savings

How to File a Claim

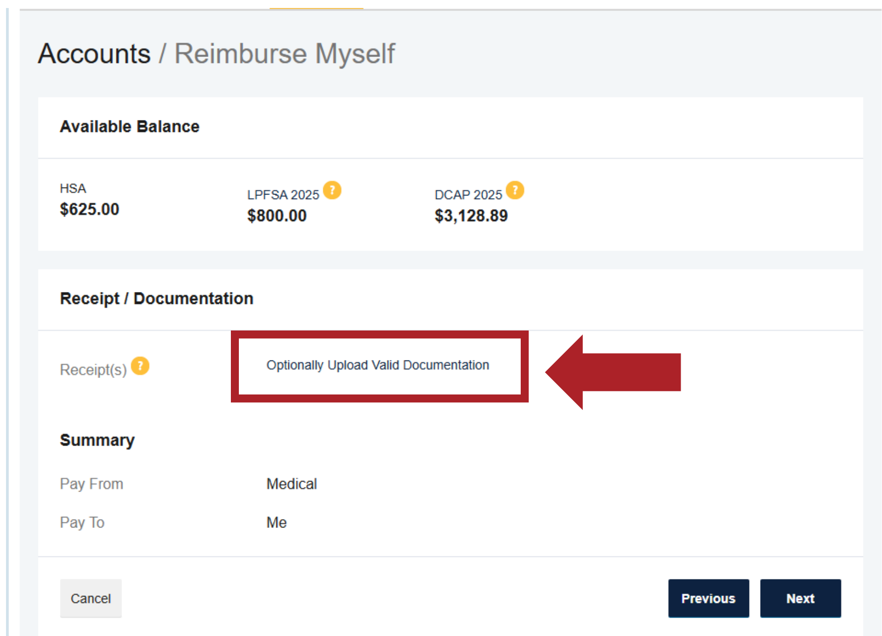
Step 1:
On the **Home Page**, click '**Reimburse Myself**' in the **I Want To** section.



Step 2: Select Account & Payee
1. Under "**Pay From**", use the dropdown menu to select the account you want to use.
2. Under "**Pay To**", choose the payee from the dropdown list (this may be yourself or another provider depending on your setup).
3. Once both fields are completed, click **Next** to continue.

Step 3: Upload Documentation

1. If required, upload a valid receipt or other supporting documentation under "**Receipt(s)**" by clicking the upload option.
2. Review the **Summary** section to confirm the correct account (**Pay From**) and payee (**Pay To**).
3. Once everything looks accurate, click **Next** to proceed.



NOTE: FSA and HRA plans are regulated by the IRS, so we must collect valid documentation for certain expenses to keep the plan compliant. Some debit card payments automatically verify (auto-substantiate), so no documentation is needed for those. However, it's best practice to keep copies of all receipts and itemized bills for your records.

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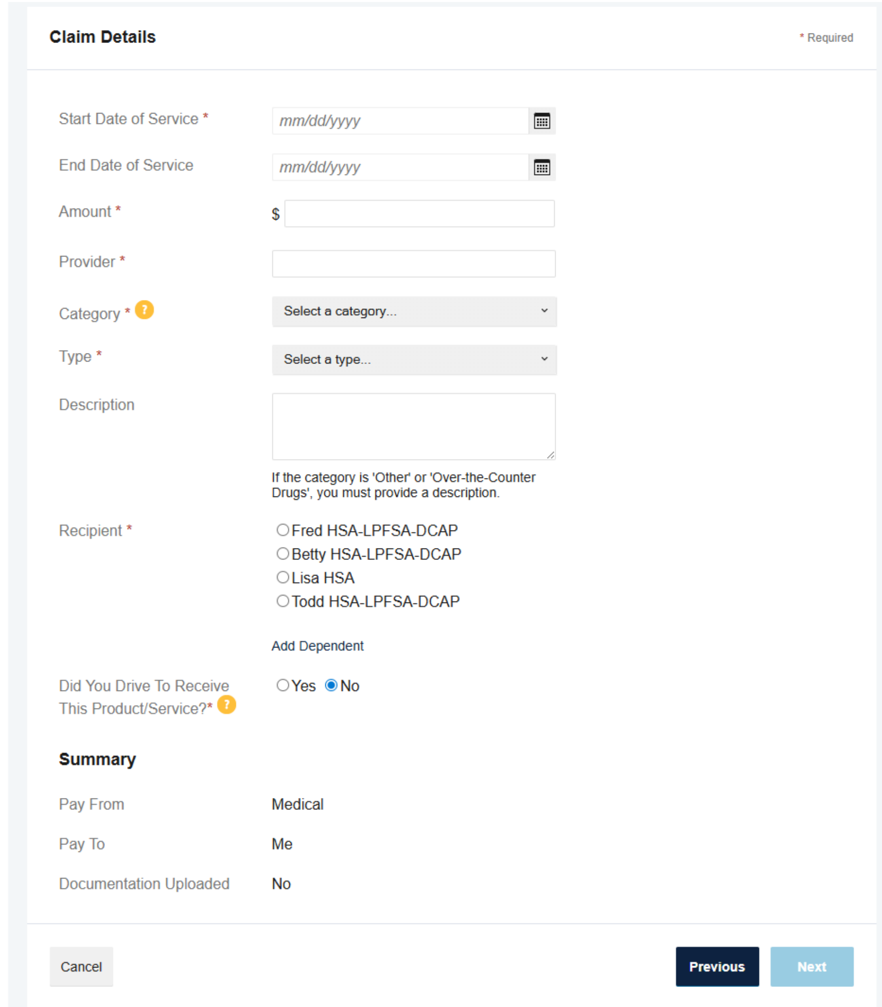
Step 4: Enter Claim Details

1. Fill in the required information for your claim:
    - **Start Date of Service and End date of Service** – Enter the date(s) when the expense occurred.
    - **Amount** – Enter the dollar amount you are claiming.
    - **Provider** – Type in the name of the provider (e.g., doctor, pharmacy, daycare).
    - **Category** – Select the appropriate expense category from the dropdown menu.
    - **Type** – Choose the specific type of expense related to the category.
    - **Description** (Optional) – Add details about the expense. *If you select "Other" or "Over-the-Counter Drugs," you must provide a description.*


Claim Details * Required

Start Date of Service * mm/dd/yyyy
End Date of Service mm/dd/yyyy
Amount * $
Provider *
Category * Select a category...
Type * Select a type...
Description
If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.
Recipient * Fred HSA-LPFSA-DCAP / Betty HSA-LPFSA-DCAP / Lisa HSA / Todd HSA-LPFSA-DCAP
Add Dependent
Did You Drive To Receive This Product/Service?* Yes No

Summary

Pay From Medical
Pay To Me
Documentation Uploaded No

Cancel Previous Next

2. Under **Recipient**, select the individual the expense was for. If needed, click **Add Dependent** to include a new dependent.
3. Answer the question **"Did You Drive To Receive This Product/Service?"** by selecting **Yes** or **No**.
4. Review the **Summary** section to make sure the Pay From, Pay To, and Documentation Uploaded fields are correct.
5. When finished, click **Next** to continue.

Step 5: Validate Claim

1. Confirm that all information is accurate and complete. Making sure your claim is correct before submitting will help avoid delays in processing.
2. Once validated, click Submit to finalize your claim.