

INSTRUCTIONS FOR ONLINE CLAIM ENTRY

CareFlex Benefit Solutions
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www.careflexexpress.com

Step 1: Login onto the Participant Portal through www.careflexexpress.com by selecting **View My Account** under **Account Holders**.

Step 2: Select the **Request Reimbursement** link under **My Accounts** in the left column.

The screenshot shows the CareFlex Participant Portal. The left navigation menu includes sections for Home, My Accounts, My Cards, My Communications, and My Information. Under My Accounts, the 'Request Reimbursement' link is circled in red. The main content area is titled 'Getting Started' and includes an 'Announcements' section with a 'CareFlex Update: Using the Benefit Cards at Pharmacies' link, a 'Welcome' message, and several quicklinks: 'View Balances', 'View Activity', 'Report a Lost or Stolen Card', and 'View FAQs'.

Step 3: Once you have reviewed the information on the Request Reimbursement page, select the **[Add New]** button to begin entering claim information.

The screenshot shows the CareFlex Participant Portal 'Request Reimbursement' page. The left navigation menu is updated to show 'Request Reimbursement' as the active section. The main content area is titled 'Request Reimbursement' and includes a heading 'Filing manual claims online is easy!' followed by a list of bullet points. Below the list is a note: 'Claims received before noon on Thursday will be reviewed and processed on Friday.' and a instruction: 'Select the [Add New] button to get started.' At the bottom, there is a 'New Claims' table with columns for Start Date, End Date, Amount, Claimant, Provider, and Receipt. The 'Add New' button is circled in red.

Step 4: In the **Service Dates** fields, list the date of service (expenses are paid based on the date of service, not the date of payment).

Step 5: In the **Claim Amount** field, enter the amount requested for reimbursement.

Step 6: In the **Provider** field, type the provider/merchant name. Do NOT indicate "See Attached" or "Various". Your claim may be held or denied if provider information is not included in this field.

Step 7: In the **Claimant** field, select the appropriate person who incurred the expense. Note: if the expense is for an eligible dependent not listed in the claimant field, select the employee.

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- Step 8: In the **Receipt File** field, attach an electronic copy of receipts by selecting the **[Browse]** button to the right of the field (or after submitting the claim, you can print the **View Receipt Submittal Form** and fax or mail with receipts). [Please note: non-itemized receipts, cancelled checks, and/or credit card receipts are not acceptable forms of substantiation. Statements must include the provider name and address, patient's name, date of service, description of service and amount of service/product.]

Add/Edit Claim

- In the **Service Dates** fields, list the date of service (not the date of payment).
- In the **Claim Amount** field, enter the amount requested for reimbursement.
- In the **Provider** field, type the provider/merchant name. Do NOT indicate "See Attached" or "Various".
- In the **Claimant** field, select the appropriate person incurring the expense.
- In the **Receipt File** field, attach an electronic copy of receipts by selecting the **[Browse]** button to the right of the field. OR...after submitting claim, print the **View Receipt Submittal Form** and fax or mail with receipts.
- Itemized receipt, EOB, or statement of service must show the provider name, patient name, date of service, description of service and amount of service/product.

Service Dates: Start Date*: 7/20/2009 End Date: 7/20/2009

Claim Amount *: \$100.00

Provider: Calvert Memorial Hospital

Claimant *: Murray, Wendy

Receipt File: [Browse]

Notes:

* = required

OK Cancel

- Step 9: Optional: Include any additional information necessary in the **Notes** field.

- Step 10: After all information has been entered, select the **[OK]** button.

- Step 11: Read the **Certification** information and select the check box; then select **[Submit]**.

Certification:

I certify that the expenses submitted have been incurred by me and/or my eligible dependents during the current plan year and while I was a participant in the plan. I certify that any prescription drug expenses are for medical care and not cosmetic purposes. I understand that I am responsible for the sufficiency, accuracy, and veracity of the information related to this expense. I have not and will not seek to be reimbursed through any other health plan coverage for any of the expenses listed above. I further declare that I will not deduct any of the reimbursed expenses listed above from my federal, state or local tax returns. To the best of my knowledge, all expenses are eligible under the plan. I understand I may be liable for payment of all related taxes, including federal and state income tax, on amounts paid from the Plan which relate to an ineligible expense.

Please note: after submitting your claim(s) no edits are allowed.

Submit Clear

- Step 12: If you did not attach the receipts to the claim, select the **[View Receipt Submittal Form]** to view a copy of the Claim Receipt Submittal Form. Print form and fax or mail with appropriate receipts.

To view the completed reimbursement request, select **View Claims Pending** under **My Accounts** in the left column. Make sure the **View** is set to **Submitted Claims**. You may also attach receipts to the claim from this screen by selecting the Upload link under Receipt; or you can view and print the Claim Receipt Submittal Form by selecting the Send link under Receipt.

If you have any questions, please feel free to contact CareFlex customer service at questions@careflex.com or 888-577-2762.