



PAYFLEX<sup>®</sup>

## **PayFlex Card<sup>®</sup>**

How to verify your card purchases online

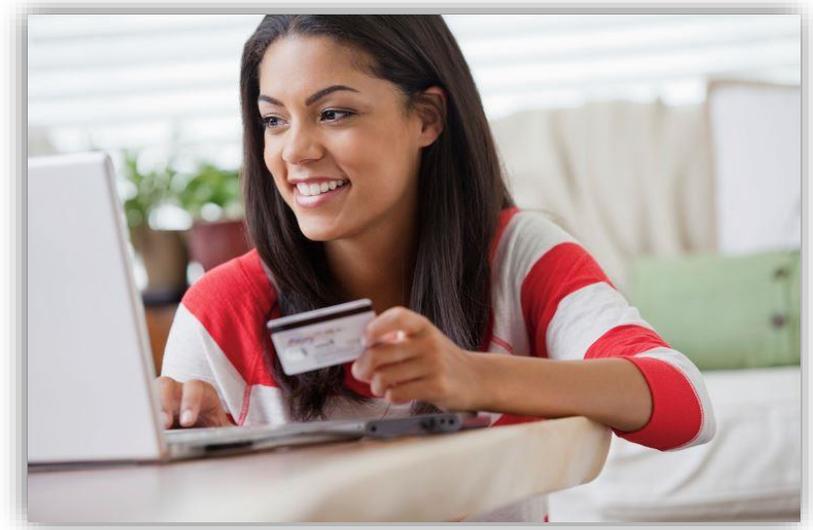
Experience simple.

# The PayFlex Card®

**The PayFlex Card makes it easy for you to spend the money in your PayFlex account.**

The card will use the funds in your PayFlex account to pay for eligible expenses. Just be sure you have enough funds available.

**Note:** If you have multiple PayFlex accounts, you'll use the same card.



# Requests for documentation

**The Internal Revenue Service (IRS) guidelines requires PayFlex to verify all purchases made with a PayFlex Card are for eligible expenses.**

**If you have a Health Reimbursement Account (HRA), Health Care Flexible Spending Account (FSA) or Limited Purpose FSA:**

- We may ask you to send us additional documents for your card purchase to prove your expense is truly eligible.
- You may see an alert message posted on the PayFlex member website.
- You may get a **Request for Documentation letter** by mail or email.

**QUICK TIP:** To help prevent requests for documentation, wait until you receive a benefits statement or Explanation of Benefits (EOB). These documents show the amount you owe after your health plan processes your claim. Then you can use your PayFlex Card for payment.

# Why do we request documentation?

## **Some common reasons are:**

- You used the card for an expense that was “pending” with your health plan or insurance carrier. This means, the claim wasn’t fully processed.
- The description we receive from the merchant/provider doesn’t show the type of expense. This can happen with dental and hospital expenses.
- You used your PayFlex Card at a merchant that doesn’t accept health care cards.

## **IMPORTANT things to keep in mind:**

- Save all of your detailed receipts, statements and Explanations of Benefits (EOBs) from your health plan.
- Check the PayFlex member website and/or PayFlex Mobile® app for alerts about your card purchases.
- Always respond to requests for documentation. If you don’t respond, we may suspend your card.



# Requests for Documentation letters

## What can you expect?

The Request for Documentation letter explains you need to take action on your account and how. And it includes the PayFlex Card purchases you need to confirm are eligible.

## You may get two letters. If this happens:

- You'll have 28 calendar days to respond to the first letter.
- If you don't respond, you'll receive a second letter and have another 28 calendar days to respond.
- If you still don't respond, we'll suspend your card until you verify the expense is eligible, submit a replacement claim OR send payment.



# Types of documents to submit

**Explanation of Benefits (EOB)** – This is the best form of documentation. If the claim goes through your health plan, you'll receive an EOB from them.

**Detailed receipt or itemized statement** – Send a receipt or itemized statement that shows:

- Date of service
- Provider or merchant name
- Description of your purchase or the type of service
- Final amount you had to pay
- Patient or dependent name (if applicable)

**Prescription drug receipt** – If you're sending a receipt, it must contain the pharmacy name, patient name, drug name (if listed), date you filled the drug, and the amount you paid.

**Note:** We can't accept a cancelled check, credit card receipt, or a balance due statement.

# Other ways to verify a card purchase

**If you can't find your supporting documents OR you used your PayFlex Card in error, there are other ways to verify a card purchase.**

| <b>Option 1</b><br><b>Send another eligible expense</b>  | <b>Option 2</b><br><b>Pay back your account</b>  | <b>Option 3</b><br><b>Apply health plan claims</b>  |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Submit a claim for another eligible expense.</li> <li>• Include the Explanation of Benefits (EOB), itemized statement OR detailed receipt for your eligible expense. It must be from the same plan year.</li> <li>• You can submit the claim through the PayFlex member website, PayFlex Mobile® app, OR complete a paper claim form and fax or mail it to us.</li> <li>• Make sure the expense wasn't already paid for with your PayFlex Card.</li> <li>• Make sure you haven't received reimbursement for the expense.</li> </ul> | <ul style="list-style-type: none"> <li>• Send a personal check or money order to PayFlex for the amount of the unverified card purchase.</li> <li>• Include a copy of the Request for documentation letter with your payment.</li> </ul> | <ul style="list-style-type: none"> <li>• You can use your unreimbursed health plan claims ("Connected Claims") to help verify your card purchase.</li> <li>• You'll do this through the PayFlex member website – When you're on your account detail page, select the <b>Verify card purchases</b> tile to get started.</li> </ul> |

How to verify card purchases  
on the PayFlex member website

Go to [payflex.com](https://payflex.com), click **SIGN IN**.

PAYFLEX®

COVID-19 Support

Search Q

**SIGN IN**

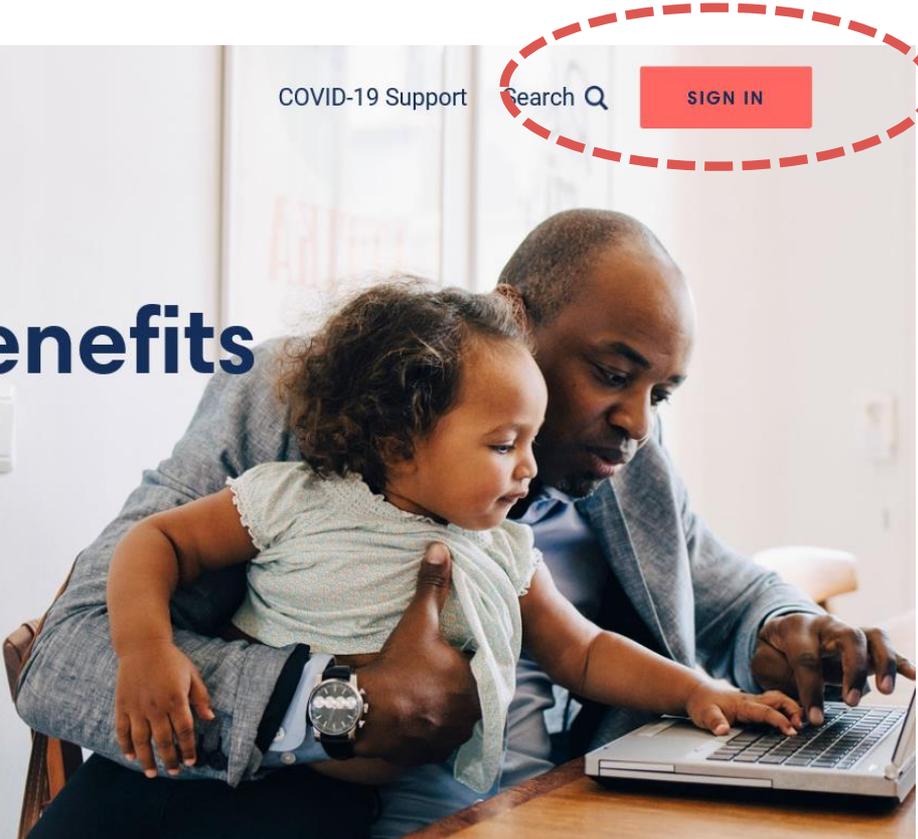
Individual Employer/Broker

# Uniquely personal benefits solutions

WHO ARE YOU?

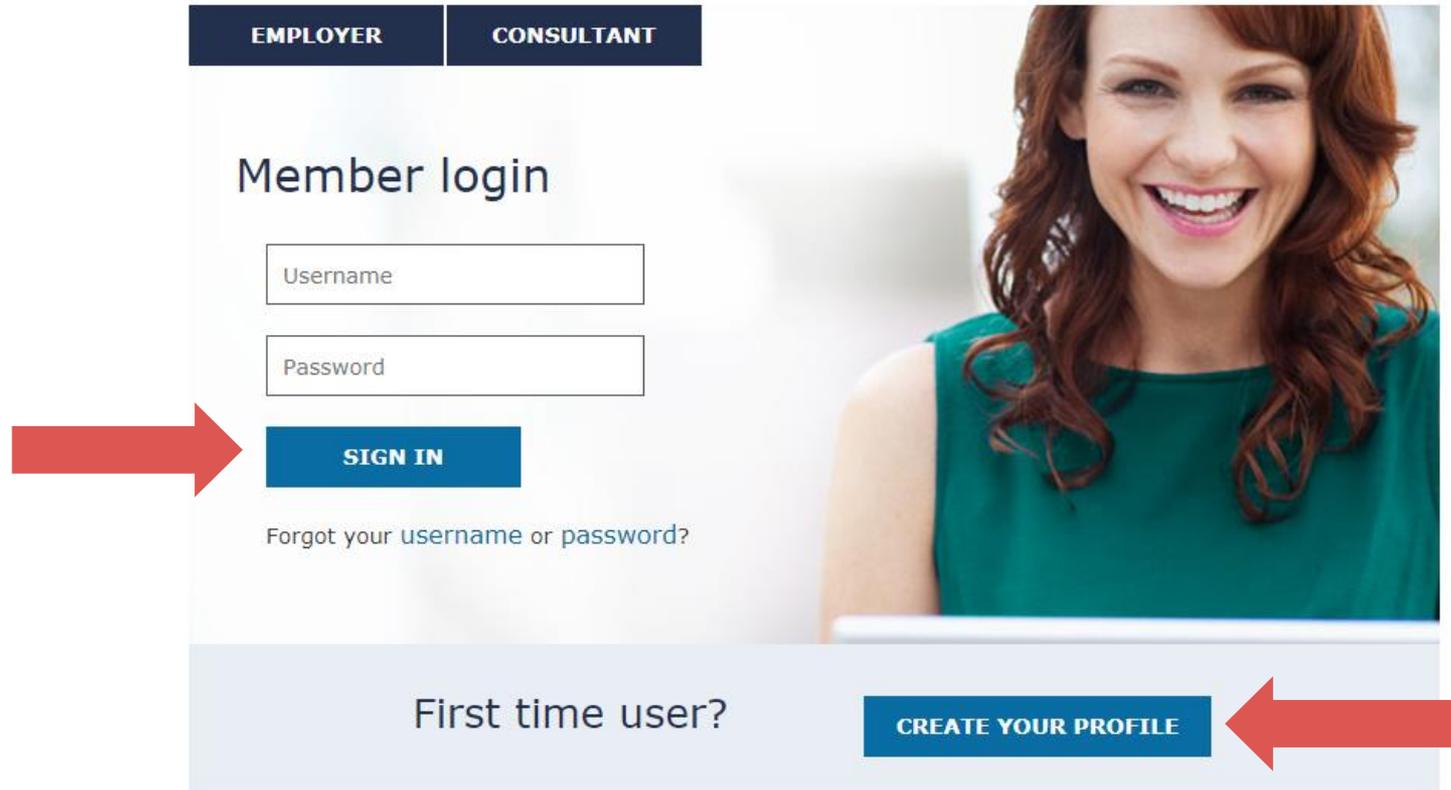
AN INDIVIDUAL

AN EMPLOYER/BROKER



Enter your username and password and click **SIGN IN**. Or select **CREATE YOUR PROFILE**.

PAYFLEX®



The screenshot shows the Payflex user interface. At the top, there are two tabs: 'EMPLOYER' and 'CONSULTANT'. Below the tabs is the 'Member login' section, which includes a 'Username' input field, a 'Password' input field, and a blue 'SIGN IN' button. A red arrow points to the 'SIGN IN' button. Below the login fields is a link that says 'Forgot your username or password?'. At the bottom of the page, there is a light blue banner with the text 'First time user?' and a blue 'CREATE YOUR PROFILE' button. A red arrow points to the 'CREATE YOUR PROFILE' button. On the right side of the page, there is a photograph of a smiling woman with red hair wearing a green top.

**EMPLOYER** **CONSULTANT**

Member login

Username

Password

**SIGN IN**

[Forgot your username or password?](#)

First time user? **CREATE YOUR PROFILE**

# Aetna members can Single-Sign-On (SSO) through **aetna.com**.

**aetna**<sup>®</sup>

## Secure Member Log-in

Welcome to Aetna Navigator<sup>®</sup>

**User name**

**Password**

Remember user name

**Secure Log In**

[Forgot user name?](#) | [Forgot password?](#) | [Log in tips](#)

---

**First-time users**

Please sign up for an account.  
You will create a user name and password.

**Register**

# First time users - Complete this page to verify your identity.

**QUICK TIP:** Your ID number may be your Social Security number, Employee ID or employer designated number.

PAYFLEX®

SIGN IN

## Get Started



## Find Me

Complete the following fields. If you're an employer or consultant, you'll need to contact your PayFlex Account Manager to create your profile.

\*Indicates required field

Last Name\*:

Mailing address\*: ?

ZIP code\*:

Your ID number\*: ?

Last 4 characters of your ID number\*:

Date of birth

SUBMIT

Enter the last 8 digits of your card number.

PAYFLEX®

SIGN IN

Get Started



## Find Me

Enter the last eight digits of your PayFlex Card® number.

\*Indicates a required field.

PayFlex Card Number\*:

Submit

# Enter your email address and phone number.

We may use this information to update you on important account activity.

PAYFLEX<sup>®</sup>

## Secure Access



## Your contact information

Enter your email address and phone numbers below. We may use this information to update you on important account activity.

\*Indicates a required field

**Email address\***

**Confirm email address\***

**Phone number\*** ⓘ

**Mobile phone number** ⓘ

# Request a verification code to be sent by email or text.

This is how we verify your account. And it helps us remember your device and browser the next time you login.

PAYFLEX® SIGN IN

## Secure Access



### Request a verification code

We're happy to remember this device and browser for you. Before we do that, we need to verify your account. To get started, request a verification code below. If you already have a code from us, select **I received my verification code**. You'll only have to do this once for this device and browser.

Email my verification code



Add your mobile phone number here.



Update my contact information

You can update your email address or phone numbers here.



OR

I received my verification code

You can verify your account here by using the code we sent you.



Enter your verification code and click **Submit**.

PAYFLEX® SIGN IN

## Secure Access



Verify your account

Enter the verification code we sent you.

**Verification code**

Didn't get a code ? [Request a new verification code.](#)

**SUBMIT**

# Create your profile

After you verify your account, you'll create your profile. We'll ask you to:

- Create a username and password
- Set up security questions and answers
- Review/accept the Online Services Agreement

**QUICK TIP:** After you create a username and password, you can use it to log into the PayFlex Mobile® app.

## Create my profile



### Welcome

Complete the following fields to create your profile. The username and password you choose will also work for the PayFlex Mobile® app.

\*Indicates a required field

Create a username\*:

Create a password\*:

Confirm password\*:

Security Question 1\*:

Answer 1\*:

Security Question 2\*:

Answer 2\*:

Security Question 3\*:

Answer 3\*:

Review the [Online Services Agreement](#)

I have received, read, understand and agree to the terms of this agreement.\*

Your initials\*:

After you log in,  
select **View**  
account details.

**PAYFLEX**<sup>®</sup> [Home](#) [Help & Support](#) [Account Settings](#) [Sign Out](#)

[Your Accounts](#) [Alerts & News](#) [Health Plan Claims](#) [Documents & Forms](#)

## Hello, LINDA

### Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼  
ABC Sample Company

**\$ 475<sup>00</sup>** available funds ⓘ

Annual election ⓘ **\$5,000.00**  
Deposits ⓘ **\$500.00**  
Spent Funds ⓘ **\$25.00**

**Last day to spend funds** ⓘ **Last day to file claims** ⓘ  
December 31, 2018 March 31, 2019

**Account Actions**  
[View account details >](#)  
[File a claim >](#)  
[Link a bank account >](#)  
[Set up account notifications >](#)

**Quick Tips**  
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

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### Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼  
ABC Sample Company

**\$ 2,054<sup>00</sup>** available funds ⓘ

Annual election ⓘ **\$2,500.00**  
Spent Funds ⓘ **\$446.00**

**Last day to spend funds** ⓘ **Last day to file claims** ⓘ  
December 31, 2018 March 31, 2019

**Account Actions**  
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**Quick Tips**  
Explore eligible expenses. Find out what you can pay for with your PayFlex account.



# Select **Verify card purchases.**

**QUICK TIP:** You'll only see this option under Account activity, if you have unverified card purchases.

**PAYFLEX®** Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

## Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

**\$2,054<sup>00</sup>** available funds ⓘ

\$2,054.00 available funds \$446.00 spent funds

### Spending snapshot

**\$446.00** total funds spent

- Medical
- Vision
- Prescription
- Dental

**Last day to spend funds ⓘ**  
December 31, 2018

**Last day to file claims ⓘ**  
March 31, 2019

#### Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

## Account activity

### Claims

You can view claims you sent us here.

### To-do list

You have 2 items on your to-do list. Be sure to review the items today.

### Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.

### Verify card purchases

Action required. You need to verify a card purchase is eligible.

# Select a card purchase to verify.



## Verify card purchases

[< Back](#)

We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

| Date       | Description   | Amount    |                      |
|------------|---|-----------|----------------------|
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$22.22) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$23.23) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$25.25) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$27.27) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$30.30) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$32.32) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$35.35) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$37.37) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$40.40) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$43.43) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$45.45) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$48.48) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$50.50) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$53.53) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$55.55) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$57.57) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$63.63) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$65.65) | <a href="#">view</a> |

# Click on **Verify Card Purchase.**

## Transaction details: Healthcare (FSA)

[< Back to my account](#)

| Date       | Description   | Amount    | Balance  |
|------------|---|-----------|----------|
| 10/29/2018 | Debit card purchase – THE MEDICINE SHOPPE #5 BELTON | (\$22.22) | \$995.98 |

Action required. You need to verify this card purchase is eligible.

**VERIFY CARD PURCHASE**



|                                  |  |                                     |
|----------------------------------|--|-------------------------------------|
| <b>Transaction ID</b><br>1020418 | <b>Payment method</b><br>Debit Card purchase | <b>Expense Type</b><br>Prescription |
|----------------------------------|--|-------------------------------------|

**Documents you sent**  
No documents at this time.

**Documents we sent you**  
No documents at this time.

**Upload documents**  
to verify your card purchase

# Click on **Upload documents.**

PAYFLEX®



Home



Help & Support



Account Settings



Sign Out

Your Accounts ▼

Alerts & News ▼

Documents & Forms ▼

## Verify my card purchase

Choose how you want to verify your card purchase is eligible.

### Upload documents



Select this option to upload supporting documents for your card purchase.

### Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

### Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

# You can drag and drop your files to the grey box OR click on **Select File to Upload.**

PAYFLEX®

 Home

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 Account Settings

 Sign Out

Your Accounts ▼

Alerts & News ▼

Documents & Forms ▼

## Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

## Upload documents

Drag and drop your files here

OR

**SELECT FILE TO UPLOAD**

CANCEL

**SUBMIT**

# Click on **Browse** to select your document from your computer.

**QUICK TIPS:** You can upload documents in JPG, GIF, PNG or PDF. They must show the merchant/provider name, patient name, date of service, description of service and final amount you had to pay.

The screenshot displays the PAYFLEX user interface. At the top, there is a dark blue navigation bar with the PAYFLEX logo on the left and navigation links for Home, Help & Support, Account Settings, and Sign Out on the right. Below the navigation bar, there are three menu items: Your Accounts, Alerts & News, and Documents & Forms. The main content area is divided into two sections. The top section is titled 'Apply health plan claims' and contains an icon of a plus sign in a circle next to a document with a checkmark, followed by the text: 'Select this option to use your health plan claims to help verify your card purchase.' The bottom section is titled 'Upload documents' and features a large grey rectangular area for document upload. At the bottom left of this section are two buttons: 'CANCEL' and 'SUBMIT'. A white modal dialog box is open in the center, titled 'Select a file', with a close button (X) in the top right corner. The dialog contains a blue 'BROWSE' button, a text input field, and two buttons at the bottom: 'CANCEL' and 'UPLOAD'.

# Once you select your document, click **Upload**.

### Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

### Upload documents ?

Placeholder area for document upload.

CANCEL SUBMIT

Select a file

BROWSE

Test.pdf

CANCEL UPLOAD

You can upload more than one document. The total size limit is 10MB. Once you upload all of your documents, click **Submit**.



### Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

### Upload documents ?

Drag and drop your files here

OR

**SELECT FILE TO UPLOAD**

#### Uploaded documents (0.02MB of 10MB)

Test.pdf

0.02MB

[Remove](#)

CANCEL

**SUBMIT**

Below is the message you'll see if your upload was a success. And under **Documents you sent**, you'll see a link with your uploaded documents.

The screenshot displays the PAYFLEX user interface. At the top, there is a dark blue navigation bar with the PAYFLEX logo on the left and navigation links for Home, Help & Support, Account Settings, and Sign Out on the right. Below this, a secondary navigation bar contains 'Your Accounts', 'Alerts & News', and 'Documents & Forms' with dropdown arrows. The main content area features a table with transaction details and a sidebar with document management options.

| Transaction ID | Payment method      | Expense Type |
|----------------|---------------------|--------------|
| 1020418        | Debit Card purchase | Prescription |

**Documents you sent**  
[Card Claim Documentation, 01/02/2019](#)

**Documents we sent you**  
No documents at this time.

Verify my card purchase

Upload documents

Success! We received your documents and will review them soon. Check back later for results.

View the status of your transaction: Select your account from "Your Accounts" drop-down menu. Click on **Transactions**. Then select the transaction you want to view. The grey box will display the status.



## Transaction details: Healthcare (FSA)

[< Back to my account](#)

| Date       | Description   | Amount    | Balance  |
|------------|---|-----------|----------|
| 10/29/2018 | Debit card purchase – THE MEDICINE SHOPPE #5 BELTON | (\$22.22) | \$995.98 |

We received your documents and will review them soon. Check back later for results.



|                                  |  |                                     |
|----------------------------------|--|-------------------------------------|
| <b>Transaction ID</b><br>1020418 | <b>Payment method</b><br>Debit Card purchase | <b>Expense Type</b><br>Prescription |
|----------------------------------|--|-------------------------------------|



**Documents you sent**  
[Card Claim Documentation, 01/02/2019](#) 📄

**Documents we sent you**  
No documents at this time.

**Fax/mail documents**  
to verify your card purchase

After you log in,  
select **View**  
account details.

**PAYFLEX**<sup>®</sup> [Home](#) [Help & Support](#) [Account Settings](#) [Sign Out](#)

[Your Accounts](#) [Alerts & News](#) [Health Plan Claims](#) [Documents & Forms](#)

## Hello, LINDA

### Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼  
ABC Sample Company

**\$ 475<sup>00</sup>** available funds ⓘ

Annual election ⓘ **\$5,000.00**  
Deposits ⓘ **\$500.00**  
Spent Funds ⓘ **\$25.00**

**Last day to spend funds** ⓘ **Last day to file claims** ⓘ  
December 31, 2018 March 31, 2019

**Account Actions**  
[View account details >](#)  
[File a claim >](#)  
[Link a bank account >](#)  
[Set up account notifications >](#)

**Quick Tips**  
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

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### Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#) ▼  
ABC Sample Company

**\$ 2,054<sup>00</sup>** available funds ⓘ

Annual election ⓘ **\$2,500.00**  
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**PAYFLEX®** Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

## Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

**\$2,054<sup>00</sup>** available funds ⓘ

\$2,054.00 available funds \$446.00 spent funds

### Spending snapshot

**\$446.00** total funds spent

- Medical
- Vision
- Prescription
- Dental

**Last day to spend funds ⓘ**  
December 31, 2018

**Last day to file claims ⓘ**  
March 31, 2019

#### Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

## Account activity

### Claims

You can view claims you sent us here.

### To-do list

You have 2 items on your to-do list. Be sure to review the items today.

### Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.

### Verify card purchases

Action required. You need to verify a card purchase is eligible.

# Select a card purchase to verify.



## Verify card purchases

[< Back](#)

We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

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| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$23.23) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$25.25) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$27.27) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$30.30) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$32.32) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$35.35) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$37.37) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$40.40) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$43.43) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$45.45) | <a href="#">view</a> |
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| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$57.57) | <a href="#">view</a> |
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| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$65.65) | <a href="#">view</a> |

# Click on **Verify Card Purchase**.

## Transaction details: Healthcare (FSA)

[< Back to my account](#)

| Date       | Description   | Amount    | Balance  |
|------------|---|-----------|----------|
| 10/29/2018 | Debit card purchase – THE MEDICINE SHOPPE #5 BELTON | (\$23.23) | \$972.75 |

Action required. You need to verify this card purchase is eligible.

**VERIFY CARD PURCHASE**



|                                  |  |                                     |
|----------------------------------|--|-------------------------------------|
| <b>Transaction ID</b><br>1020420 | <b>Payment method</b><br>Debit Card purchase | <b>Expense Type</b><br>Prescription |
|----------------------------------|--|-------------------------------------|

**Documents you sent**  
No documents at this time.

**Documents we sent you**  
No documents at this time.

# Click on **Fax/mail documents**.

PAYFLEX®



Home



Help & Support



Account Settings



Sign Out

Your Accounts ▼

Alerts & News ▼

Documents & Forms ▼

## Verify my card purchase

Choose how you want to verify your card purchase is eligible.

### Upload documents



Select this option to upload supporting documents for your card purchase.

### Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.



### Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

# Click on **Create Coversheet**.

PAYFLEX®

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## Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

## Fax/mail documents

You can fax or mail supporting documents for review. First create a coversheet. Then send it with your documents. Your documents must show:

- Merchant/provider name
- Patient name
- Date of service
- Description of service
- Final amount you had to pay

CANCEL

**CREATE COVERSHEET**



Click on **Download Coversheet**. Print and fax or mail along with your supporting documents.

**QUICK TIP:** Your documents must show the merchant/provider name, patient name, date of service, description of service and final amount you had to pay.

### Fax/mail documents

✓ Success! We received your request. Now you need to download your coversheet and fax or mail it with your documents.

Your documents must show:

- Merchant/provider name
- Patient name
- Date of service
- Description of service
- Final amount you had to pay

Your card purchase will show "Action re

**DOWNLOAD COVERSHEET**

PAYFLEX®

#### Documentation for PayFlex Card Purchases

Use this letter as your fax coversheet  
Page 1 of 1 Fax to:(402) 231-4317

Date: January 2, 2019

DEBIT CARDFIVE  
12TH STREET  
OMAHA, NE 68154

#### ACTION REQUIRED

**Fax** this letter and supporting documentation to: **(402) 231-4317**  
(OR)

**Mail** this letter with supporting documentation OR payment to:  
**PayFlex Systems USA, Inc.**  
**FLEX DEPARTMENT P.O. BOX 3039,**  
**OMAHA, NE 68103-3039**

Document ID: 26966684  
Employer ID: 22944  
Employer Name: ClientCardUAT

View the status of your transaction: Select your account from "Your Accounts" drop-down menu. Click on **Transactions**. Then select the transaction you want to view. The grey box will display the status.

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Your Accounts Alerts & News Documents & Forms

## Transaction details: Healthcare (FSA)

[< Back to my account](#)

| Date       | Description   | Amount    | Balance  |
|------------|---|-----------|----------|
| 10/29/2018 | Debit card purchase – THE MEDICINE SHOPPE #5 BELTON | (\$23.23) | \$972.75 |

Action required. Fax or mail your supporting documents to verify your card purchase is eligible.

VERIFY CARD PURCHASE

|                |                     |              |
|----------------|---------------------|--------------|
| Transaction ID | Payment method      | Expense Type |
| 1020420        | Debit Card purchase | Prescription |

### Documents you sent

[Card Claim Documentation Fax Coversheet, 01/02/2019](#)



### Documents we sent you

No documents at this time.

**Apply health plan claims**  
to verify your card purchase

After you log in,  
select **View**  
account details.

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## Hello, LINDA

### Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

**\$ 475<sup>00</sup>** available funds

Annual election [?](#) **\$5,000.00**

Deposits [?](#) **\$500.00**

Spent Funds [?](#) **\$25.00**

**Last day to spend funds** [?](#) **Last day to file claims** [?](#)

December 31, 2018 March 31, 2019

**Account Actions**

- [View account details >](#)
- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

**Quick Tips**  
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

---

### Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

**\$ 2,054<sup>00</sup>** available funds

Annual election [?](#) **\$2,500.00**

Spent Funds [?](#) **\$446.00**

**Last day to spend funds** [?](#) **Last day to file claims** [?](#)

December 31, 2018 March 31, 2019

**Account Actions**

- [View account details >](#)
- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

**Quick Tips**  
Explore eligible expenses. Find out what you can pay for with your PayFlex account.



# Select **Verify card purchases.**

**QUICK TIP:** You'll only see this option under Account activity, if you have unverified card purchases.

**PAYFLEX®** Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

## Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

**\$2,054<sup>00</sup>** available funds ⓘ

\$2,054.00 available funds \$446.00 spent funds

### Spending snapshot

**\$446.00** total funds spent

- Medical
- Vision
- Prescription
- Dental

**Last day to spend funds ⓘ**  
December 31, 2018

**Last day to file claims ⓘ**  
March 31, 2019

#### Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

## Account activity

### Claims

You can view claims you sent us here.

### To-do list

You have 2 items on your to-do list. Be sure to review the items today.

### Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.

### Verify card purchases

Action required. You need to verify a card purchase is eligible.

# Select a card purchase to verify.

## Verify card purchases

[< Back](#)

We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

| Date       | Description   | Amount    |                      |
|------------|---|-----------|----------------------|
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$22.22) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$23.23) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$25.25) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$27.27) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$30.30) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$32.32) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$35.35) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$37.37) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$40.40) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$43.43) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$45.45) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$48.48) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$50.50) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$53.53) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$55.55) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$57.57) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$63.63) | <a href="#">view</a> |
| 10/29/2018 | Debit card purchase - THE MEDICINE SHOPPE #5 BELTON | (\$65.65) | <a href="#">view</a> |

# Click on **Verify Card Purchase**.

## Transaction details: Healthcare (FSA)

[< Back to my account](#)

| Date       | Description   | Amount    | Balance  |
|------------|---|-----------|----------|
| 10/29/2018 | Debit card purchase – THE MEDICINE SHOPPE #5 BELTON | (\$25.25) | \$947.50 |

Action required. You need to verify this card purchase is eligible.

**VERIFY CARD PURCHASE**



|                       |                       |                     |
|-----------------------|-----------------------|---------------------|
| <b>Transaction ID</b> | <b>Payment method</b> | <b>Expense Type</b> |
| 1020422               | Debit Card purchase   | Prescription        |

**Documents you sent**  
No documents at this time.

**Documents we sent you**  
No documents at this time.

# Click on **Apply health plan claims.**

**QUICK TIP:** You'll only see this option if you have eligible health plan claims available.

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## Verify my card purchase

Choose how you want to verify your card purchase is eligible.

### Upload documents



Select this option to upload supporting documents for your card purchase.

### Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

### Apply health plan claims



Select this option to use your health plan claims to help verify your card purchase.

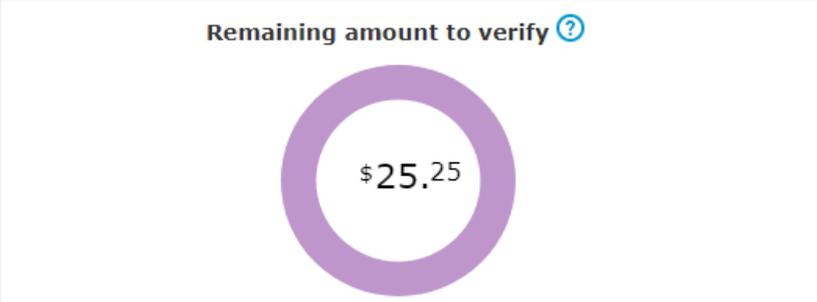


# Select the claims you want to apply.

## 1 Select claims to apply

Below is the transaction you selected to "verify" with your unreimbursed health plan claims. To get started, select the claim(s) you want to apply.

**Transaction date:** 10/29/2018  
**Transaction amount:** \$25.25  
**Unverified amount:** \$25.25  
**Description:** THE MEDICINE SHOPPE #5 BELTON



CLEAR ALL SELECTIONS

| Select                   | ID                             | Service date | Provider name           | Expense | Claim amount | Available to apply |
|--------------------------|--------------------------------|--------------|-------------------------|---------|--------------|--------------------|
| <input type="checkbox"/> | QDBA82P1S04 Aetna Test Carrier | 10/29/2018   | Lowell General Hospital | Medical | \$13.41      | \$13.41            |
| <input type="checkbox"/> | NRBA82P1S08 Aetna Test Carrier | 10/29/2018   | Lowell General Hospital | Medical | \$14.42      | \$9.65             |
| <input type="checkbox"/> | NDBA82P1S06 Aetna Test Carrier | 10/29/2018   | Lowell General Hospital | Medical | \$10.40      | \$2.88             |
| <input type="checkbox"/> | QUBA82P1S03 Aetna Test Carrier | 10/29/2018   | Lowell General Hospital | Medical | \$17.45      | \$0.34             |
| <input type="checkbox"/> | OADC82P1S03 Aetna              | 10/29/2018   | Lowell General          | Medical | \$11.40      | \$0.09             |

# Once you select enough claims to verify your card purchase, click **Continue**.

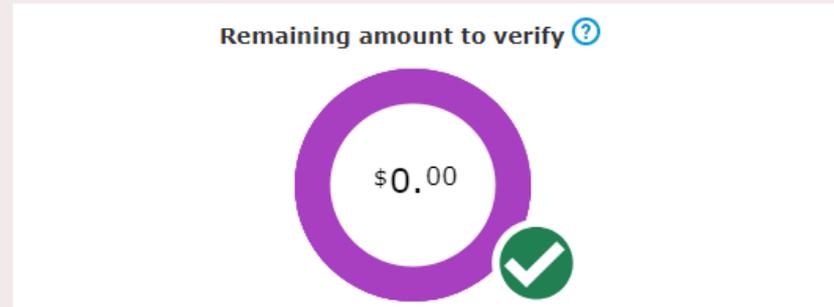
**QUICK TIP:** "Remaining amount to verify" chart should show \$0.00.

## Apply my health plan claims

### 1 Select claims to apply ?

Below is the transaction you selected to "verify" with your unreimbursed health plan claims. To get started, select the claim(s) you want to apply.

**Transaction date:** 10/29/2018  
**Transaction amount:** \$25.25  
**Unverified amount:** \$25.25  
**Description:** THE MEDICINE SHOPPE #5 BELTON



**CLEAR ALL SELECTIONS**

| Select                              | ID                             | Service date | Provider name           | Expense | Claim amount | Available to apply |
|-------------------------------------|--------------------------------|--------------|-------------------------|---------|--------------|--------------------|
| <input checked="" type="checkbox"/> | QDBA82P1S04 Aetna Test Carrier | 10/29/2018   | Lowell General Hospital | Medical | \$13.41      | \$13.41            |
| <input checked="" type="checkbox"/> | NRBA82P1S08 Aetna Test Carrier | 10/29/2018   | Lowell General Hospital | Medical | \$14.42      | \$9.65             |
| <input checked="" type="checkbox"/> | NDBA82P1S06 Aetna              | 10/29/2018   | Lowell General          | Medical | \$10.40      | \$2.88             |

# Review the claims you selected and click **Continue**. To make changes, go back to Step 1.



## Apply my health plan claims

### 1 Select claims to apply

### 2 Review selected claims

Review your selected health plan claims. To make changes, go back to Step 1.

| Order | ID                             | Date of Service | Provider name           | Expense type | Claim amount | Available to apply | Applied amount |
|-------|--------------------------------|-----------------|-------------------------|--------------|--------------|--------------------|----------------|
| 1     | QDBA82P1S04 Aetna Test Carrier | 10/29/2018      | Lowell General Hospital | Medical      | \$13.41      | \$13.41            | \$13.41        |
| 2     | NRBA82P1S08 Aetna Test Carrier | 10/29/2018      | Lowell General Hospital | Medical      | \$14.42      | \$9.65             | \$9.65         |
| 3     | NDBA82P1S06 Aetna Test Carrier | 10/29/2018      | Lowell General Hospital | Medical      | \$10.40      | \$2.88             | \$2.19         |

**CONTINUE**

### 3 Certify and submit

# Certify and submit your request to apply the health plan claims to your card purchase.

## Apply my health plan claims

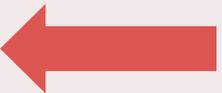
1 Select claims to apply ?

2 Review selected claims

3 Certify and submit

I certify that my spouse, eligible dependent or I have incurred the expenses listed in Step 2. I haven't received reimbursement for any of these expenses. And I won't seek reimbursement elsewhere, including from a Health Savings Account (HSA). If I receive reimbursement, my spouse or I won't claim the same expenses on our income tax return.

**SUBMIT**



CANCEL

# Below is the message you'll see if your request was a success.

**QUICK TIPS:** If your health plan claims exceed your card purchase amount, you can request funds from your account now. We've also made it convenient for you to take action on other unverified card purchases, if applicable.

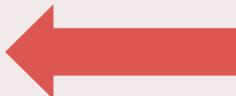
## Apply my health plan claims

 **Success! We've applied your health plan claim(s) to your card purchase.**

We'll consider your purchase "verified." This means you won't have to send us documents for that card purchase.

Your health plan claim(s) exceeded your card purchase amount by **\$0.69**. This amount is still available for you to take action. You can even submit a request to send the funds to you.

[I would like to request funds from my account >](#)



You have **16** card purchases that need to be verified.

[TAKE ME TO MY DASHBOARD](#)

[VERIFY MY CARD PURCHASES](#)



View the status of your transaction: Select your account from "Your Accounts" drop-down menu. Click on **Transactions**. Then select the transaction you want to view. The grey box will display the status.

## Transaction details: Healthcare (FSA)

[< Back to my account](#)

| Date       | Description                                   | Amount    | Balance  |
|------------|---|-----------|----------|
| 10/29/2018 | Debit card – THE MEDICINE SHOPPE #5<br>BELTON | (\$25.25) | \$947.50 |

No action needed. This card purchase has been verified.  
You verified this purchase by applying health plan claims.



| Service date | Claim amount | Amount applied |                                |
|--------------|--------------|----------------|--------------------------------|
| 10/29/2018   | \$13.41      | \$13.41        | <a href="#">View more info</a> |
| Service date | Claim amount | Amount applied |                                |
| 10/29/2018   | \$9.65       | \$9.65         | <a href="#">View more info</a> |
| Service date | Claim amount | Amount applied |                                |
| 10/29/2018   | \$2.88       | \$2.19         | <a href="#">View more info</a> |

[CHANGE MY VERIFICATION METHOD](#)

Transaction ID: 1020422  
Payment method: Debit Card purchase  
Expense Type: Prescription

Documents you sent  
No documents at this time.

Questions?

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

**Connected Claims:** The amount due shown in your account is reported to us by the insurance carrier. Any adjustments to this amount may result in overpayments or underpayments. You may have to work directly with your provider or insurance carrier to make any necessary adjustments. If a refund check is sent to you by your provider, what you do with those funds may have tax consequences.

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