

Inspira Card

How to verify your card purchases online



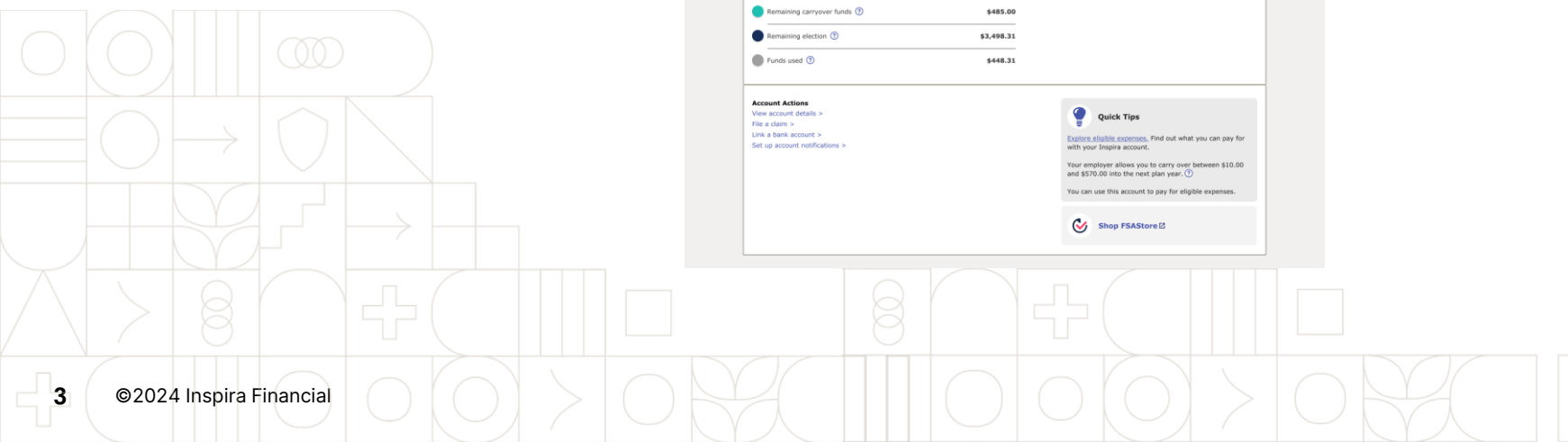
Apply health plan claims to verify your card purchase

After you log in, select “View account details”

The screenshot displays the Inspira Financial user interface. At the top, a navigation bar includes the Inspira logo, a home icon, and links for Help & Support, Account Settings, and Logout. Below the navigation bar, the user is greeted with "Hello, JAMES".

The main content area is divided into two sections:

- Dependent Care:** Shows a plan for 1/1/2024 - 12/31/2024. Available funds are \$500.00. A progress bar indicates that \$500.00 remains elected and \$0.00 has been used. Key dates include "Last day to spend funds" on March 15, 2025, and "Last day to file claims" on March 31, 2025. Account actions include "View account details", "File a claim", "Link a bank account", and "Set up account notifications". A "Quick Tips" section offers to explore eligible expenses, and a "Shop FSASStore" button is present.
- Limited FSA:** Shows a plan for 1/1/2024 - 12/31/2024. Available funds are \$3,498.31. A progress bar indicates that \$485.00 remains in carryover funds, \$3,498.31 remains elected, and \$448.31 has been used. Key dates include "Annual election" on \$3,050.00, "Last day to spend funds" on December 31, 2024, and "Last day to file claims" on March 31, 2025. Account actions are similar to the Dependent Care section. The "Quick Tips" section notes that the employer allows for a carryover of up to \$10.00 and \$570.00 into the next plan year, and provides a "Shop FSASStore" button.



Select Verify card purchases.

Quick tip: You'll only see this option under Account activity, if you have unverified card purchases.

inspira
FINANCIAL

Home | Help & Support | Account Settings | Logout

Your Accounts | Alerts & News | Health Plan Claims (5) | Documents & Forms

Limited FSA

1/1/2024 - 12/31/2024 [Change Plan Year](#)
ABC Sample Company

\$2,836⁰⁰ Available funds ⓘ

Spending snapshot

Medical ⓘ \$448.31

\$14⁰¹ Total funds spent

Remaining election ⓘ **\$2,836.00**

Funds used ⓘ **\$14.00**

Last day to spend funds ⓘ
December 31, 2024

Last day to file claims ⓘ
March 31, 2025

Account Actions

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

[Explore eligible expenses.](#) Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year.

You can use this account to pay for eligible expenses. ⓘ

[Shop FSASore](#)

Account activity

Claims

You can view claims you sent us here.

To-do list ⓘ

You have 1 items on your to-do list. Be sure to review the item 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.

inspira™
FINANCIAL

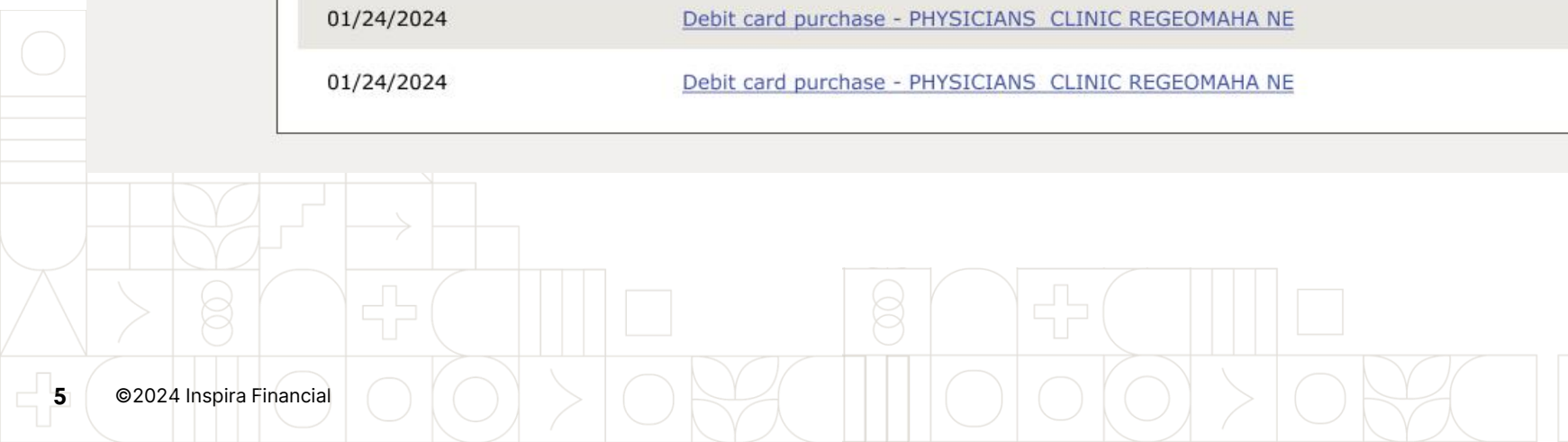
Home Help & Support Account Settings Logout

Your Accounts Alerts & News Health Plan Claims (5) Documents & Forms

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	
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$4.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View



Click Verify Card Purchase.

inspira™
FINANCIAL

Home Help & Support Account Settings Logout

Your Accounts Alerts & News Health Plan Claims (5) Documents & Forms

Transaction details: Healthcare (FSA) [< Back](#)

Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS	CLINIC REGEOMAHA NE	(\$4.00)	\$2,846.00

Action Required

You need to resolve your unverified card purchase. Choose one of the options below.

Verify card purchase

To "verify" a card purchase, you can:

- Send supporting documents for the transaction listed above. [?](#)
- Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. [?](#)

VERIFY CARD PURCHASE

OR

Pay back your account

If you don't have supporting documents for your card purchase or you used your card in error, you must pay back your account.

Amount to pay back \$4.00

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID	Payment Method	Expense Type	Documents you sent
997448	Debit Card Purchase	Medical	No documents at this time.
			Documents you sent No documents at this time.

Click on Apply health plan claims.

Quick tip: You'll see this option if you have eligible health plan claims available.

2. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. ?

VERIFY CARD PURCHASE

PAY BACK ACCOUNT

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

Transaction ID	Payment Method	Expense Type	Documents you sent
997448	Debit Card Purchase	Medical	No documents at this time.

Documents you sent
No documents at this time.

Documents you sent
No documents at this time.

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 unreimbursed health plan claims to help verify your card purchase.

[Privacy & Legal notices](#) - [Terms of use](#)

[Share my screen](#)

©YYYY Inspira Financial Health, Inc. All rights reserved.

Select the claims you want to apply.

Quick tip: You'll see this option if you have eligible health plan claims available.

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: 1/20/2024
Transaction amount: \$4.00
Unverified amount: \$4.00
Description: PHYSICIANS CLINIC REGE OMAHA NE

Remaining amount to verify [?](#)

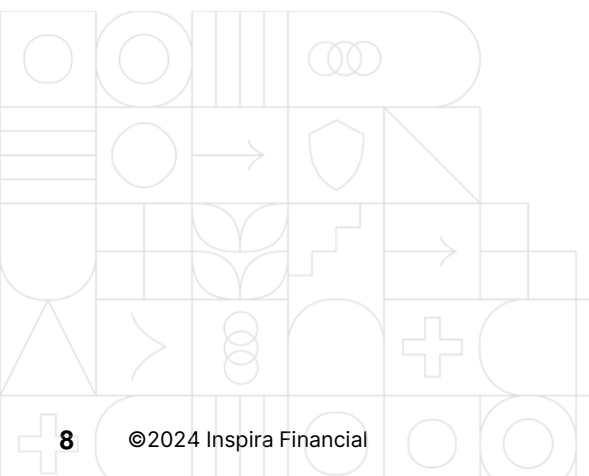
\$4.00

CLEAR ALL SELECTIONS

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
<input type="checkbox"/>	PSRIUS46C04 Aetna Test Carrier	1/8/2024	Boys Town Hospital	Dental	\$40.00	\$40.00
<input type="checkbox"/>	PSRIUS46C03 Aetna Test Carrier	1/7/2024	Boys Town Hospital	Dental	\$30.00	\$30.00
<input type="checkbox"/>	PSRIUS46C02 Aetna Test Carrier	1/6/2024	Boys Town Hospital	Dental	\$20.00	\$20.00
<input type="checkbox"/>	PSRIUS46C01 Aetna Test Carrier	1/5/2024	Boys Town Hospital	Dental	\$10.00	\$10.00

CONTINUE

2 Review selected claims



Once you select enough claims to verify your card purchase, click continue.



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: 1/20/2024
Transaction amount: \$4.00
Unverified amount: \$4.00
Description: PHYSICIANS CLINIC REGE OMAHA NE

Remaining amount to verify ?

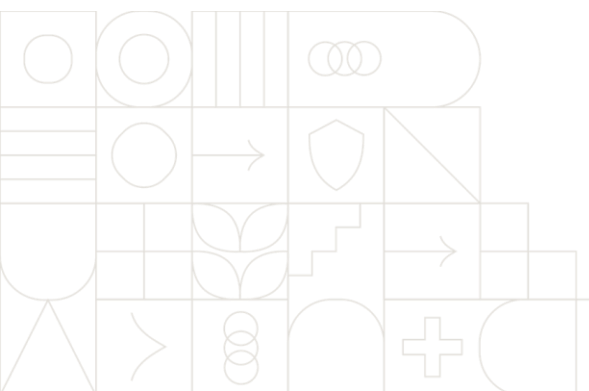
\$4.00

CLEAR ALL SELECTIONS

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
<input checked="" type="checkbox"/>	PSRIUS46C04 Aetna Test Carrier	1/8/2024	Boys Town Hospital	Dental	\$40.00	\$40.00
<input type="checkbox"/>	PSRIUS46C03 Aetna Test Carrier	1/7/2024	Boys Town Hospital	Dental	\$30.00	\$30.00
<input type="checkbox"/>	PSRIUS46C02 Aetna Test Carrier	1/6/2024	Boys Town Hospital	Dental	\$20.00	\$20.00
<input type="checkbox"/>	PSRIUS46C01 Aetna Test Carrier	1/5/2024	Boys Town Hospital	Dental	\$10.00	\$10.00

CONTINUE

2 Review selected claims



Review the claims you selected and click continue. To make changes, go back to step 1.

inspira™
FINANCIAL

Home Help & Support Account Settings Logout

Your Accounts ▾ Alerts & News ▾ Health Plan Claims (5) ▾ Documents & Forms ▾

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.

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
1	PSRIUS46C04 Aetna Test Carrier	1/8/2024	Boys Town Hospital	Dental	\$40.00	\$40.00

CONTINUE

3 Certify and submit

CANCEL

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 Tip: 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.

 [Home](#) [Help & Support](#) [Account Settings](#) [Logout](#)

[Your Accounts](#) [Alerts & News](#) [Health Plan Claims \(5\)](#) [Documents & Forms](#)

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.



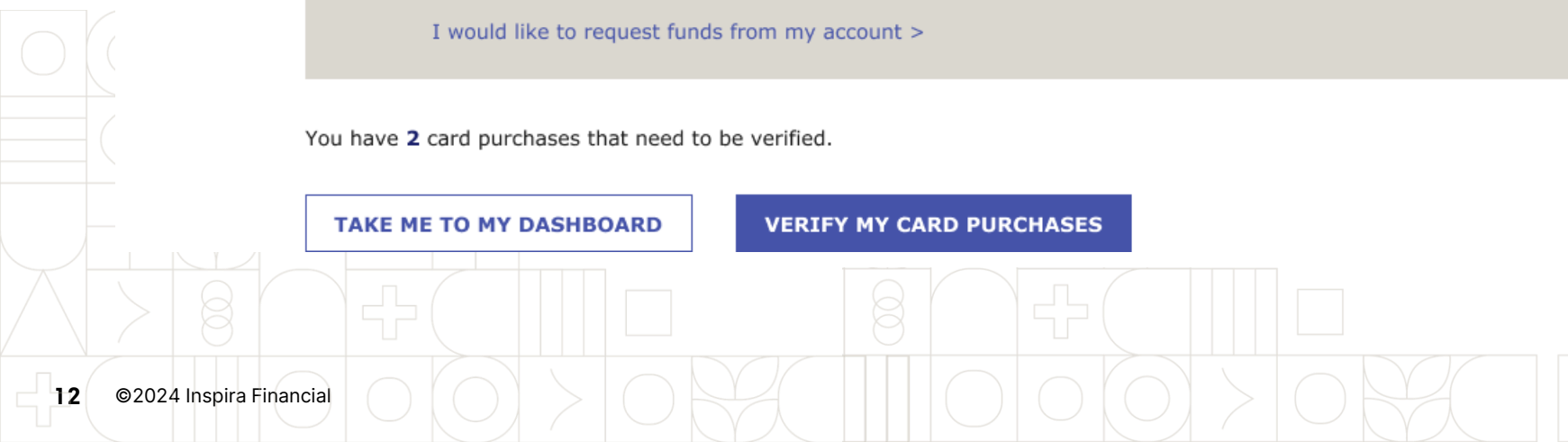
Your health plan claim(s) exceeded your card purchase amount by **\$36.00**. This amount is still available for you to take action. You can even submit a request to send the funds to you.

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

You have **2** 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.

The screenshot displays the Inspira Financial user interface. At the top, there is a dark blue navigation bar with the Inspira logo and links for Home, Help & Support, Account Settings, and Logout. Below this, a secondary navigation bar contains links for Your Accounts, Alerts & News, Health Plan Claims (5), and Documents & Forms. The main content area is titled "Transaction details: Healthcare (FSA)" with a "< Back" link. A table lists the transaction details:

Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE		(\$4.00)	\$2,846.00

Below the table, a grey box contains the following information:

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

Service date	Claim amount	Amount applied	
01/08/2024	\$40.00	\$4.00	View more info

A blue button labeled "CHANGE MY VERIFICATION METHOD" is located below the table.

At the bottom, there are two summary sections:

Transaction ID	Payment Method	Expense Type
997448	Debit Card Purchase	Medical

Documents you sent
No documents at this time.

Documents we sent you
[Final Request for Documentation, 06/24/2024](#)
[Final Request for Documentation, 04/25/2024](#)



Questions?

Visit inspirafinancial.com or call us at
1-844-729-3539 (TTY:711)

Monday – Friday, 7 a.m. to 7 p.m. CT

Saturday, 9 a.m. to 2 p.m. CT

Inspira Financial Health, Inc. does not provide legal, tax or financial advice. Please contact a professional for advice on eligibility, tax treatment, and other restrictions.
Inspira and Inspira Financial are trademarks of Inspira Financial Trust, LLC

This material is for informational purposes only. It is not an offer of coverage and does not constitute a contract. 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.

(03/24)