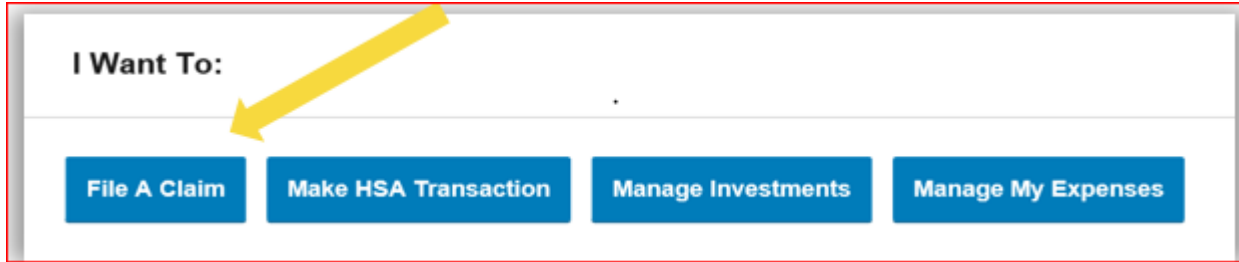


1. On the **Home Page**, select the **"File a Claim"** under the "I want to..." section, or from any page on the portal, expand the "I want to..." section on the right-hand side of the screen.




2. Select the FSA account you would like to be reimbursed from (i.e. Medical, Dependent Card)

Create Reimbursement * Required

Online claims filing is a fast and easy way to file claims. Just click the "File Claim" button next to the account you wish to use and start filing!

When filing a claim with multiple expenses. Please be sure to enter each expense on the receipt or Explanation of Benefits (EOB) separately.

Pay From *

Pay To * 

Based on your selection, you will be requesting a Claim Reimbursement.

3. Select the payee (i.e. me, provider name etc)

4. Upload valid documentation -Prescription bag tag

- Patient name
- Pharmacy name
- Fill date
- Dollar amount

Receipt / Documentation * Required

Receipt(s) * ? Upload Valid Documentation

Summary

Pay From	Medical
Pay To	Me

CancelPreviousNext

Valid Documentation

123 Main Street. #0000
Anytown, USA 00000 CVS.COM
Store Corporate Name

TEL 555-555-5555
RX 105004

QTY: 60
REFILLS: 2 by MM/DD/YYYY

PRSCBR: J. Doe
DATE FILLED: MM/DD/YYYY
DISCARD AFTER: MM/DD/YYYY
RPH: J. Smith
MFR: ABC Manufacturer

This is a WHITE, OVAL-SHAPED
tablet imprinted with 93 on the front
and 48 on the back.

PATIENT

500 MG

MORNING	1 TABLET
MIDDAY	
EVENING	1 TABLET
BEDTIME	

Patient Name ←

300 East Street, Anytown, USA 00000

500 MG TABLET

Generic equivalent of: Glucophage

**Take 1 tablet orally
2 times a day**

\$10.00 copay

Important Information

- Talk to your Dr. about the safe use of alcohol while taking this drug.
- Severe vomiting or diarrhea may cause dehydration if these occur call MD.
- Drug may cause lactic acidosis. If symptoms develop, seek medical help.

CAUTION Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

SCAN TO REFILL

(Not valid when submitted alone)

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SALE

630

Prescriptions	5.65	+N
mPerks # -- *****80		
TOTAL TAX	.00	
TOTAL	5.65	
	5.65	