



Paying for care is easy

This step-by-step guide explains how to use your account. Let's start at the doctor's office.

Step 1

Go to the doctor, dentist, eye doctor, pharmacist or other health care provider

- Show your insurance ID card.
- **Pay copays and other charges** with your payment card or with personal funds. Your choice of payment impacts Step 3, so keep reading.
- Ask your doctor for an **itemized receipt** as documentation — be sure it contains these five pieces of information:
 1. Patient name
 2. Date of service
 3. Doctor's name
 4. Description of the service
 5. Amount charged

Step 2

Pay additional charges (if any)

- Your insurance plan will process the claim. You may receive a bill for your portion owed.
- Paying with your payment card is always fastest and easiest. If necessary, you can always pay with personal funds. Your payment choice impacts **Step 3**.
- Keep all necessary documentation.

Step 3

Complete an FSA or HRA claim

- **Payment card:** If you paid using your payment card, you may have to submit documentation. We'll try to automatically verify that your payment card charges were eligible, but if we cannot, we'll ask you for documentation.
- **Personal funds:** If you paid with personal funds, you will have to request reimbursement online or via the mobile app, and submit your documentation. (See **How to Submit a Reimbursement Request** section.)

HOT TIP

An Explanation of Benefits (EOB) provided by your insurance carrier usually contains all the required information.

How your account works



We'll automatically check as many payment card charges as we can, but at times, you may have to submit documentation.

How does Optum Financial automatically check eligibility?

We use a number of methods, like automated information from the merchant or your health plan and exact matches to your plan's copay amounts or previously approved claims, to automatically approve as many charges as possible.

Why would a doctor/dentist/eye doctor charge need documentation?

It may seem obvious that a charge at a legitimate health provider would be approved, but we must check the item's eligibility (not teeth whitening, for example) and that it was during your plan year.

What if I don't submit documentation?

Your payment card will be temporarily suspended if documentation is not received. We'll turn it back on once documentation is received and processed. You may have to reimburse your plan for the expense.

Documentation success

Pay additional charges (if any)

- Your insurance plan will process the claim. You may receive a bill for your portion owed.
- Paying with your payment card is generally fastest and easiest. If necessary, you can always pay with personal funds. Your payment choice impacts **Step 3**.
- Keep all necessary documentation.

HOT TIP

An Explanation of Benefits (EOB) provided by your insurance carrier usually contains all the required information.



How to submit a reimbursement request

If you used personal funds — a personal credit card, cash or check — to pay for an eligible expense, you'll have to submit a request to be reimbursed. Here's how.

Step 1

Getting started

Log into your account online or by using the mobile app.

Step 2

Enter the required information

Select "Make a Payment" and follow the on-screen prompts to fill in the requested information.

Step 3

Check your documentation

Be sure your documentation contains these five pieces of information:

1. Patient name
2. Date of service
3. Doctor's name
4. Description of the service
5. Amount charged



Health savings accounts (HSAs) are offered through Optum Bank® Member FDIC or ConnectYourCare, LLC, each a subsidiary of Optum Financial. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change.

Flexible spending accounts (FSAs) and health reimbursement arrangements (HRAs) are administered on behalf of your plan sponsor by Optum Financial, Inc. and are subject to eligibility and restrictions. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions. Federal and state laws and regulations and the design of your plan are subject to change.

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Step 4

Submit your documentation

Follow the on-screen prompts to submit your documentation. If you are on your phone, you can take a picture and upload it directly. If on your computer, you can browse and select your image to upload.



You also have the option to fax your documentation when online, though this method takes longer to receive reimbursement. Fax the form, along with your documentation, to the number on the form. Continue through the on-screen prompts to finalize you're request.



Each fax cover form has a unique barcode at the top; be sure to use the fax cover form for this claim. If you have more than one claim, send each claim as a separate fax.

You're done. If we have all the information we need, we'll process the claim.

**Health savings accounts (HSAs) will not require documentation, but you should always retain your documentation in case it is needed at tax time.*

Use technology to your advantage

Save yourself time by downloading our secure mobile app. Use it to:

- View account balances and payments
- Request a payment
- Receive important account alerts
- Take a photo of your receipt and upload it directly to the system
- View FAQs or tap to call Customer Service

Are you an advanced user? Sign up for mobile alerts in your online account for text messaging.



Online access



Mobile access



24/7 access