



## Receipt Upload Instructions

**STEP 1:** File your claim(s) online (Don't forget to click Submit!) Only one claim should be filed at a time, you will be able to upload each receipt to each claim once you have submitted all claims.

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**File Claim: DependentCare** Claims Basket (0)

Please enter your claim amount information below. If all or part of your claim exceeds available balance in your account, then you will receive notification in the mail. Updated text is displayed.

Do you have a valid receipt for this product/service?  Yes  No [What is a valid receipt?](#)

To submit receipts electronically, follow the instructions on the Claim Confirmation page. The Claim Confirmation page displays after you successfully submit your claims.

You may use a [Dependent Care Receipt Form](#) as a valid receipt.

Start Date of Service: 10/14/2009 End Date of Service: 10/14/2009  
(mm/dd/yyyy) (mm/dd/yyyy)

Please choose the category of coverage that best describes your claim.

Category: Choose from list... [Eligible Expenses](#)

Type of Product/Service: Choose from list...

Care Provider:

Care Provider Social Security Number or Tax ID Number:

Name of Dependent(s):  Dp Hen [Add Dependent](#)

Claim Amount: \$

**STEP 2:** Once you have submitted your claim, find your claims that require receipts under the Claim History within the Accounts tab and select the claim number of the receipt that is required.

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**Claim History: MedicalFlex**

Plan Year Ending on 8/31/2010

The Receipt Status column shows the status of the consumer's receipts.

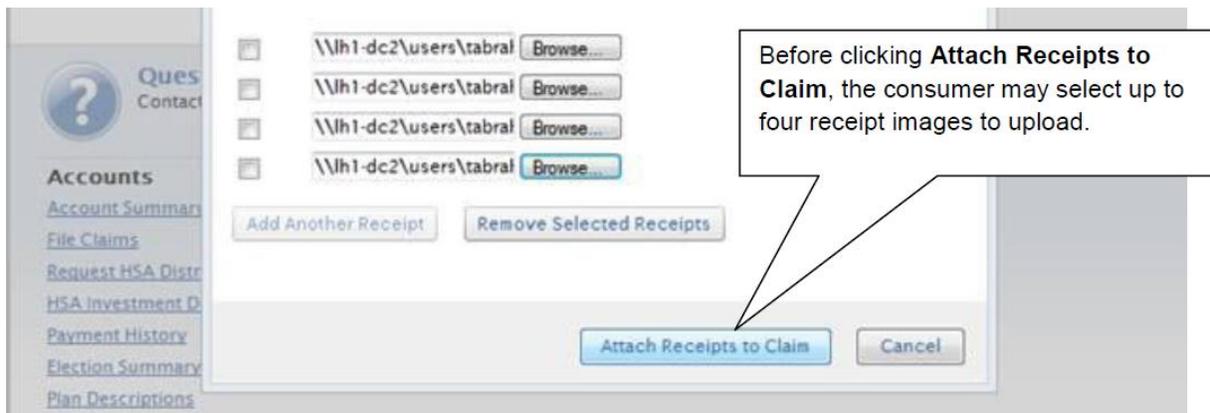
Claim Number	Claim Status	Receipt Status	Date of Service	Claim Amount	Paid	Pending	Denied
<a href="#">Azazel091013P0000201</a>	Pending Receipt	Required	10/13/2009	\$1.00	\$0.00	\$1.00	\$0.00
<a href="#">Azazel091013P0000101</a>	Pending Receipt	Available	10/13/2009	\$1.11	\$0.00	\$1.11	\$0.00
<a href="#">Azazel091009P0000101</a>	Scheduled Reimbursement	Received	10/9/2009	\$1.00	\$0.00	\$1.00	\$0.00
<a href="#">Azazel091007P0000501</a>	Scheduled Reimbursement	Received	10/7/2009	\$4.00	\$0.00	\$4.00	\$0.00
<a href="#">Azazel091007P0000201</a>	Scheduled Reimbursement	Received	10/7/2009	\$3.00	\$0.00	\$3.00	\$0.00
<a href="#">Azazel091007P0000101</a>	Scheduled Reimbursement	Received	10/7/2009	\$0.01	\$0.00	\$0.01	\$0.00
<a href="#">Azazel091006P0002201</a>	Scheduled Reimbursement	Received	10/6/2009	\$1.50	\$0.00	\$1.50	\$0.00
<a href="#">Azazel091006P0000301</a>	Scheduled Reimbursement	Received	10/6/2009	\$2.00	\$0.00	\$2.00	\$0.00
<a href="#">Azazel091006P0000201</a>	Scheduled Reimbursement	Received	10/6/2009	\$1.00	\$0.00	\$1.00	\$0.00

**STEP 3:** Choose Upload Receipt next to the claim that requires the receipt. You should only be uploading receipts that correspond to the claim filed. Each claim filed has a receipt upload link.



Claim Number	Plan	Date of Service	Recipient	Claim Amount	Receipt Status	Actions
Azazel091013P0000101	MedicalFlex	10/13/2009	Chicken Hen	\$1.11	Available	<a href="#">View Confirmation</a> <a href="#">Upload Receipt</a>
Azazel091013P0000201	MedicalFlex	10/13/2009	Chicken Hen	\$1.00	Required	<a href="#">View Confirmation</a> <a href="#">Upload Receipt</a>
Azazel091014P0000101	DependentCare	10/14/2009	Dp Hen	\$234.45	Required	<a href="#">View Confirmation</a> <a href="#">Upload Receipt</a>

**STEP 4:** Browse your PC to find the image of the receipt you wish to upload. You may select up to 4 images to attach to your claim (all images should be for one claim if more than one receipt is necessary to substantiate the claim). Images can be in .jpg, .gif or .pdf format. If you are filing for more than one receipt claim, please upload only receipts that correspond with that claim to the individual claims. Once you are finished selecting your receipt click “Attach Receipts to Claim” to complete the process.



Once the receipt is uploaded someone from Benefit Strategies will substantiate those claims online, there is no need to send in a claim form or confirmation.

That's it! You're done! Using this new feature will not only save you time and money but it will also give you the convenience of managing your account on your own terms. Please feel free to contact us toll free at 1-888-401-FLEX (3539) for any questions.