



AMERICAN BENEFITS GROUP

WealthCarePortal



Filing a Claim

You Will Need The Following Information

To be complete, a claim must include a claim form that has been signed and dated by the account holder, and the following five pieces of information:

1. Name of the **recipient** of the service provided
2. Name of the **service provider**
3. **Date** of the service provided
4. **Nature** of the service provided
5. **Cost** of the service provided

Claims must be accompanied with receipts for the services rendered Please note that Credit Card receipts or cancelled checks are not valid documentation.

Claims for personal hygiene items and cosmetics are not eligible expenses Vitamins and supplements are not eligible without a doctor's prescription Massage therapy and weight-loss programs are only allowable to the extent that they are prescribed for a *chronic condition* or *existing disease* and supported by a doctor's note submitted with the claim.

We will keep doctor's note on file but they must be renewed at the beginning of each plan year.

Browse to www.amben.com/WealthCare

Register | Login

AMERICAN BENEFITS GROUP
WealthCarePortal

My Accounts | Resources | Employers | Consultants

Navigation

- Contact Us
- About Us

Login

Username:

Continue

Password is entered on next page.

New User? Please click here to create a user name and password.

Employers/HR Administrators - Please click here to login.
First time logging in? Please contact us for your username and password.

Take advantage of all the Resources

- CDH Account Access
- Tools and Calculators
- Frequently Asked Questions
- Submit Claims Online
- WealthCare Mobile

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FSA Resources | HRA Resources | HSA Resources | Commuter Resources

Login

If you have not registered in the WealthCare Portal Choose the link . . .

New User? Please click here to create a username and password.

PLEASE NOTE: The WealthCare Portal is optimized for Internet Explorer, Chrome and Firefox. You may experience issues in Safari and older browsers.

Browse to www.amben.com/WealthCare

Once logged in –

Choose the Submit
a Claim tab or link

You can add multiple
claims choose the
Add New button

Submit A Claim

To start a claim form click on the "Add New" button below. This will open a page where you will enter information regarding your expense(s). Repeat this process for each expense you want included in your claim submission. Once you have entered all of the expenses you wish to submit, check the certification box, then select the "submit" button to submit your claim. Once you "submit" your claim you will not be able to edit the information you entered. If you submitted a claim in error please contact Customer Service at 800-499-3539, option 2.

New Claims

Start Date	End Date	Amount	Claimant	Provider	Receipt
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Add New

Certification:

I certify that the expenses for reimbursement indicated on this substantiation form were incurred by me (and/or my spouse and/or eligible dependents), and were not reimbursed by any other plan nor will I seek reimbursement from any other source. To the best of my knowledge and belief, the expenses are eligible for reimbursement under my Reimbursement Plan(s). I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete, or misleading information may be guilty of a criminal act punishable under law.

Please note: after submitting your claim(s) no edits are allowed.

Submit

Clear

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Enter Claim Information

Submit A Claim

Add/Edit Claim

Service Date(s) is the date when you had the service or purchased an item. If you have multiple services over a period of time from the same provider you can enter a date range that includes those services from the oldest date to the most recent.

Claim amount is a dollar amount that you paid for the service or item out of pocket.

Provider is not a required field but is helpful to track your claims. It is the name of service provider such as the name of a doctor's office or pharmacy.

Claimant should be the name of the person for whom the service was provided. If this individual is not available from the drop down list please select the primary account holder's name. Receipt File, if you have an electronic copy of your receipt you can attach that file to your claim for faster claim processing.

Notes, use this field to provide information to us about your claim.

Service Dates: Start Date: End Date:

Claim Amount *: \$

Claimant *: BAGSTOCK, JOSEPH

Reimbursement Method: Check

Provider:

Account Type*: --Select One--

Receipt File: Browse

Notes:

Notes field with a text area and a small icon.

* = required

OK

Cancel

Your may upload documents (one per claim). You can scan several documents and create one PDF file if needed

If faxing documents let us know in the **Notes** field

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Enter Claim Information

Submit A Claim

To start a claim form click on the "Add New" button below. This will open a page where you will enter information regarding your expense(s). Repeat this process for each expense you want included in your claim submission. Once you have entered all of the expenses you wish to submit, check the certification box, then select the "submit" button to submit your claim. Once you "submit" your claim you will not be able to edit the information you entered. If you submitted a claim in error please contact Customer Service at 800-499-3539, option 2.

New Claims

Start Date	End Date	Amount	Claimant	Provider	Receipt
6/1/2012	6/1/2012	\$300.00	BAGSTOCK, JOSEPH	Hospital	Edit

Add New

Certification:



I certify that the expenses for reimbursement indicated on this substantiation form were incurred by me (and/or my spouse and/or eligible dependents), and were not reimbursed by any other plan nor will I seek reimbursement from any other source. To the best of my knowledge and belief, the expenses are eligible for reimbursement under my Reimbursement Plan(s). I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete, or misleading information may be guilty of a criminal act punishable under law.

Please note: after submitting your claim(s) no edits are allowed.

Submit

Clear

Your claim will show up in the **New Claims** list.

You may enter as many as you like by choosing **Add New**.

Once all your claims are entered check the **Certification** box

And **Submit**

PLEASE NOTE: The WealthCare Portal is optimized for Internet Explorer, Chrome and Firefox. You may experience issues in Safari and older browsers.

Claim Entry Confirmation

Submit A Claim

Thank you for using our online claim entry feature. If you were unable to upload your receipt electronically please click the "View Receipt Submittal Form" below, then **print** the barcoded confirmation page and fax it along with a copy of your receipt to 1-866-393-3539. If you have direct deposit information on file you can expect to receive your reimbursement in approximately 7 days, for reimbursement by check you can expect to receive the check in approximately 10-12 days.

Participant: BAGSTOCK, JOSEPH
Tracking Number: 1220
Date Submitted: 6/29/2012
Total Requested: \$300.00

Claims Submitted With Receipts:

Start Date	End Date	Amount	Claimant	Provider
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Claims Submitted Without Receipts:

Start Date	End Date	Amount	Claimant	Provider
6/1/2012	6/1/2012	\$300.00	BAGSTOCK, JOSEPH	Hospital

Review all claims entered

Any **Claims Submitted Without Receipts** can be faxed

Choose the **View Receipt Submittal Form**

[View Receipt Submittal Form](#)

PLEASE NOTE: The WealthCare Portal is optimized for Internet Explorer, Chrome and Firefox. You may experience issues in Safari and older browsers.

Claim Receipt Submittal Form

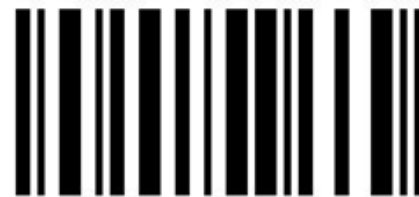
Print this Claim Receipt Submittal Form and fax it with your documentation to **866-393-3539**

Don't Have a Fax Machine?
Email documents to claims@amben.com

Claim Receipt Submittal Form

If you did not upload your receipt please print this page from your web browser and fax it with your receipt to 1-866-393-3539.

Participant: BAGSTOCK, JOSEPH
Date Submitted: 6/29/2012
Total Requested: \$300.00
Tracking Number: 1220



1220

Claims Submitted With Receipts:

Start Date	End Date	Amount	Claimant	Provider
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Claims Submitted Without Receipts:

Start Date	End Date	Amount	Claimant	Provider
6/1/2012	6/1/2012	\$300.00	BAGSTOCK, JOSEPH	Hospital

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The Reimbursement Process

- Claims are paid once a week
- Reimbursements for completed eligible claims received in our office by noon on Fridays, will be processed and checks sent the following Tuesday
- Direct deposits funds* generally will be in participant's bank accounts on Wednesday, however, your bank may take up to three business days to process

***As part of our effort in achieving a 100% paperless office we encourage you to receive your reimbursements directly into your bank account.** If your employer offers the ability to have reimbursements deposited to your bank account, you can set-up direct deposit in the WealthCare Portal

- Log into your account
- Choose **Reimbursement Settings** under the **My Account** tab
- Add or change your bank account information