

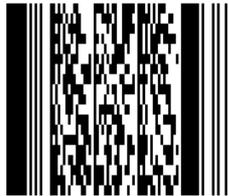
WealthCarePortal



Card Transactions – How to Submit Requested Documentation



You receive an email or mailed letter requesting documentation.



###2T00916####191211951528031

Date: 8/30/2019

Employer:

Document Tracking Number: XXXXXXXXXXXXXXXXXX

Date	Posted Amount	Account Description
8/28/2019	\$330.00	Flexible Spending

Why am I receiving this notice?

Per IRS regulations, the card transaction above must be for an eligible expense. From the card swipe alone, American Benefits expense was eligible. Further documentation is needed.

What documentation do I need to send?

Submit to American Benefits Group an itemized statement from the provider. If you have a Health Reimbursement Arrangement health plan, we will need a copy of the Explanation of Benefits (EOB) from your health insurance company.

Note: credit card receipts and cancelled checks are not sufficient documentation under IRS rules

ABG Benefits Card - Transaction Information First Request

9/21/2019

Name
Address

Card #: XXXX-XXXX-XXXX-XXXX

DTN : XXXXX

Employer ID : ABGXXX

Employer Name : Employer Name



###2T00916####1912399401528842

Please use this cover sheet to fax your documents to American Benefits Group at 877-723-0147



AMERICAN BENEFITS GROUP

Browse to www.amben.com/wealthcare



800-499-3539
support@amben.com

 SIGN IN  REGISTER

Employers

Consultants



 Benefits Card Information

 Documents & Forms

 Eligible Expenses

 Tools & Calculators

 Video Library
Education & Training

 WealthCare Mobile



800-499-3539
support@amben.com

 SIGN IN  REGISTER

If You Are a Registered User
SIGN IN

If You Have Not Registered
For The Site - You Will Need
To Register





Choose Claim Activity > Claims menu

AMERICAN BENEFITS GROUP
WealthCarePortal

800-499-3539
support@amben.com

My Account ▾ Claims ▾ Resources ▾

Personal Dashboard

Add a Claim

Claim Activity

There are currently no claims. Click here to go back later.

Transaction History

Reimbursement Settings

YOUR PROFILE IS 40% COMPLETE

Complete your profile and take advantage of all our capabilities.

Jorge Gonzalez

MOBILE PHONE	EMAIL	REIMBURSEMENT METHOD	ALERTS
Register your phone for real time alerts!	Update your email address to make sure you get important account communications!	CHECK	YOU HAVE OPTED INTO 10 ALERTS

Get Reimbursed Faster

Add your bank account for direct deposit reimbursement

+ ADD

Your Accounts

Plan years to show: Previous Current Future

Health Reimbursement (06/01/2019-12/31/2019)

\$3,500.⁰⁰

● Available \$2,733.¹⁷ ● Spent \$766.⁸³



Find Card Transactions which need documentation and click on **ADD RECEIPT**

Card Transaction Denials

If the status of your card transaction is **denied** it means no money came out of your benefit account. Do not upload a receipt for a denied card transaction. If you would like to be reimbursed for the expense, please submit a claim instead.

Which claims do you want to see? Select here ▾

- Action Needed
- Approved/Paid/Submitted
- Denied

SUBMIT CLAIM

EXPORT TO EXCEL

[SEARCH FOR CLAIMS](#)

Action Needed

\$25.⁰⁰	Needs Receipt Provider Name	Card Date of Service: Sep 16, 2019 Date of Transaction: Sep 17, 2019	<div style="border: 2px solid red; padding: 5px; background-color: #003366; color: white; width: 100px; margin: 0 auto;">ADD RECEIPT</div>
\$40.⁰⁰	Needs Receipt Provider Name	Card Date of Service: Sep 13, 2019 Date of Transaction: Sep 16, 2019	<div style="background-color: #003366; color: white; width: 100px; margin: 0 auto;">ADD RECEIPT</div>



ADD RECEIPT

Upload your documentation and submit. Once reviewed you will receive notification from ABG.

on is **denied** it means no money came out of your
receipt for a denied card transaction. If you would
ense,

ee?
prov

MIT

Add Receipt

Upload Receipt **BROWSE**

DRAG & DROP
your receipts here

CANCEL **SUBMIT**

Sep 17, 2019