Submitting a Claim for Reimbursement

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.

HRA Claims - In most cases HRA Claims must be submitted with an Explanation of Benefits (EOB) to show that the expense was submitted to the insurance carrier and what it was applied to.

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. Click here for information on eligible FSA expenses.

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

AMERICAN BENEFITS GROUP
WealthCarePortal

📱 800-499-3539
✉ support@amben.com

Employers   Consultants

If you have already
registered Choose SIGN IN

✓ SIGN IN   👤 REGISTER

New User? Please choose
REGISTER

TIP: Bookmark this page

Benefits Card
Information

Documents
& Forms

Eligible
Expenses

Tools &
Calculators

Video Library
Education & Training

WealthCare
Mobile

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

Once logged in –

Choose **Add a Claim** under the **Claims** menu

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CLAIM DETAILS > DOCUMENTATION > CONFIRM SUBMISSION

(i) Claim Form Instructions

(i) Service Date(s): 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.

Claimant: Primary account holder's name.

Service Type: Choose service type from drop-down.

Claim Amount: Original expense amount.

Provider Name: Name of service provider such as the name of a doctor's office or pharmacy.

Account Number: Not Needed - we do not pay Providers directly

Comments: Use for additional information.

Attach Claim Receipt: Upload receipts/statements. If receipt is unavailable at time of submission, submit via the WealthCare Mobile App (learn more) or fax statements and/or EOBs to 877-723-0147.

If you have an HRA and are submitting Deductible, Copay or Coinsurance expenses, please provide an Explanation of Benefits (EOB) from your insurance carrier. Sample EOB.

TIP: Enter Direct Deposit before entering claim

Get your reimbursement as quickly and securely as possible by changing your reimbursement method to Direct Deposit.

Click Here to change your settings

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

Complete all the required fields. Please note that Account Number is not needed. ABG will only reimburse you, not your providers.

* - Required Field

Service Start Date *	Sep 17, 2019	
Service End Date	Sep 17, 2019	
Claimant	Borden, James	
Service Type *	Deductible (HRA Expense)	
Claim Amount *	$ 200.00	
Provider Name	Hospital	
Account Number		
Comments		

✕ CANCEL   ✓ NEXT

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

CLAIM DETAILS > DOCUMENTATION > CONFIRM SUBMISSION

ⓘ Please Choose a Validation Method to Continue

You can **Attach Claim Receipt**
or
Validate Later

Attach Claim Receipt
Take a photo of your receipt or attach an existing document now.

Validate Later
Submit the claim without a receipt now, knowing a receipt may be required for claim approval.

✕ CANCEL

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

Upload your documentation then click next.

Upload Receipt

BROWSE

DRAG & DROP
your receipts here

CANCEL   NEXT

Please attest below than SUBMIT.

CLAIM DETAILS 〉 DOCUMENTATION 〉 CONFIRM SUBMISSION

Claim Details

Amount:	**$200.**00
Claimant:	James Borden
Service Type:	Deductible (HRA Expense)
Service Start Date:	Sep 17, 2019
Service End Date:	Sep 17, 2019
Comments:	
Provider:	Hospital

✓ I certify that the expenses for reimbursement indicated on this claim 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.

By choosing **Submit**, you agree to the conditions for reimbursement ?

✕ CANCEL   ✓ SUBMIT

Thank you!

Thank you for using our online claim entry feature. If you were unable to upload your receipt electronically please fax it along with a copy of your receipt to 877-723-0147. 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.

What do you want to do next?

(+) SUBMIT ANOTHER CLAIM

OPEN CLAIMS LIST

PRINT A CLAIM FORM

If you are going to submit your documentation later via Fax choose PRINT A CLAIM FORM your claim form will download, submit this with your documentation.

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

AMERICAN BENEFITS GROUP
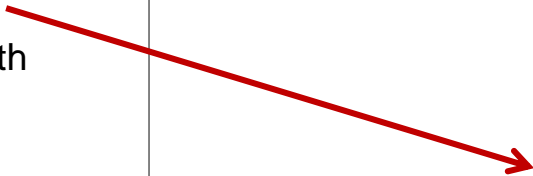## WealthCarePortal

Claim Receipt Submittal Form

- **Participant:** James Borden

- **Date Submitted:** 9/17/2019 5:00:00 AM

- **Total Requested:** $200.00

Do not mark this barcode. It doesn't contain any personal information, and is necessary to speed up processing.

This barcode is unique and this form should not be re-used.

###1T00916###########19128336

Start Date	End Date	Amount	Claimant	Provider
09/17/2019	09/17/2019	$200.00	James Borden	Hospital

Instructions

If you did not upload your receipt please print this page and fax it with your documentation to 877-723-0147.

Thank you!

Thank you for using our online claim entry feature. If you were unable to upload your receipt electronically please fax it along with a copy of your receipt to 877-723-0147. 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.

Upload documentation later in the WealthCare Portal.

What do you want to do next?

⊕ SUBMIT ANOTHER CLAIM

OPEN CLAIMS LIST

PRINT A CLAIM FORM

AMERICAN BENEFITS GROUP
WealthCarePortal

Claim Activity

FSA Store

Home

My Account

Claims

Add a Claim

Claim Activity

Transaction History

Reimbursement Settings

Add Expense

Year [2021]   Plan [All]   Status [All]

SUBMIT CLAIM

Which activities do you want to see? Select here ⌄

✔ Approved   ✔ Pending   ■ Denied   ✔ Action Required   ✔ No Action

Action(s) [ ]

🔍 SEARCH FOR ACTIVITIES

🕐 Pending   Feb 9, 2021 $40.⁰⁰   Needs Receipt   ADD RECEIPT

Find your Pending Claim and
Add your Receipt

- 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

- Browse to www.amben.com/wealthcare and login
- Log into your account
- Choose **Reimbursement Settings** under the **My Account** tab
- Add or change your bank account information