



# How your account works

It's easy to pay for care with this step-by-step guide

## Let's start at your doctor's office

**Step 1** Go to your 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



### Quick tip

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

## 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 Optum Financial 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.)

## Commonly asked questions

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.

## The key to documentation success

Make sure your documentation is accepted every time. IRS guidelines require these five pieces of information on all documentation:

1. Name of the patient (you, your spouse or dependent)
2. Date the service was provided
3. Name of the service provider
4. Description of service
5. Amount/cost of item or service provided



## 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

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

# How to submit a reimbursement request

If you used a personal credit card, cash or check to pay for an eligible expense, here's how to submit a request to be reimbursed:

## Step 1 Getting started

Sign in to 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

## Step 4 Submit

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 your 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.



We recommend that you retain all receipts in the event you're audited by the IRS. Optum Financial does not require receipts for HSAs.



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