How to Submit a Claim

We offer three easy ways for you to access your healthcare account funds. **For fastest results, we encourage you to use your healthcare payment card (if applicable) or to submit your claim online at www.connectyourcare.com.**

Payment Card

1. If your account included a payment card, you can use it to directly pay for services at eligible healthcare and locations such as doctor's offices, hospitals, and pharmacies.

2. **Save your receipts!** When you swipe the card, a claim is created for you and eliminates the need for you to fill out a claim form. However, documentation may still be required. If a receipt is needed, you will be notified by email or letter within two weeks of your payment card swipe. You can also review if your claim requires receipts online by logging into your online account and visiting the Claim Center.

Online Claim Submission

1. Log in at www.connectyourcare.com.

2. Go to the Claim Center and select "Add new claim" from the left-hand menu. Enter the requested information about your claim and continue through the screens to create the Claim Submission Form for that particular claim. Each Claim Submission Form has a unique bar code and should only be used to submit documentation for that claim number.

3. Print the Claim Submission Form and fax it, along with the required itemized receipts or other documentation, to 866-879-0812.

Paper Claim Submission

1. If you didn't use your payment card and are unable to access the Internet, complete the Manual Claim Form.

2. Fax it with itemized receipts or other documentation to (866) 879-0812. When you fax the Manual Claim Form and supporting documentation, there is no need to follow up with a hard copy in the mail. Remember to keep the original claim form and supporting documents for your records.

3. If you choose to mail your claim form and documentation instead of faxing, the address is:
   Claims Department
   P.O. Box 400
   Beltsville, MD 20704

Manual Claim Form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted.

- <u>Do not use this form</u> if expenses were already paid with your healthcare payment card.
- <u>Do not use this form</u> if you already submitted this claim online.
- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below.)

Personal Information

Name of Employer

Employee Name (last name, first name)	Social Security Number

Documentation Required

You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt (if applicable to your plan).

Claim Details

Date of Service	Patient's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
				Total	$

Authorization and Certification

Read carefully: This claim will not be processed without your signature.

I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return. I further certify that dependent care expenses were incurred for the purpose of allowing me (and my spouse, if applicable) to be gainfully employed.

Signature	Date

Submission Instructions

For fastest results, fax to: (866) 879-0812	Or mail to:	Claims Department P.O. Box 400 Beltsville, MD 20704

If you have any questions, please contact **Customer Service.**