

File A Claim Online



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To file claims on your Chard Snyder online account, follow the steps listed on pages 3-9. If you would rather file claims on the Chard Snyder Mobile App, go to page 10 for instructions.

Access Your Online Account

- 1. Go to www.chard-snyder.com and click the blue Login button
- 2. Go to **Participants** in the blue area and click ACCESS YOUR FSA, HRA, HSA ADVANTAGE, COMMUTER BENEFITS ACCOUNT(S)
- 3. Enter your username and password
- 4. If this is the first time you have logged in, select **Get Started** under **New User**. Complete the prompts and select **Submit** to finalize registration. If you have previously logged in, the New User registration is not available.





Sign Up for Direct Deposit

Before filing a claim, sign up for direct deposit for the quickest and most convenient method to receive claim reimbursements. Payments made via direct deposit into your personal checking or savings account will arrive more quickly (usually 2-3 business days) than waiting for reimbursement check by mail (could take 1-2 weeks).

Sign up for direct deposit online through your Chard Snyder account. Follow the steps below:

- 1. Select the Tools & Support tab.
- 2. Under the **How Do I**? section, select **Change Payment Method.**
- 3. Under Current Payment Method, select Update.
- 4. Select **Direct Deposit** under **Alternate Payment Method** and click **Submit.**
- If you have not previously added your bank account information, the Add Bank Account page will display. Enter your information and select Submit.

Once the steps have been completed, a confirmation page will display.

If there is a bank validation requirement, you will be notified during the process to look for a small transaction or "micro-deposit" in your designated bank account to confirm in your online account on the **Banking** page, under the **Accounts** tab.



Home	Accounts	Tools & Support	Message Center 1
Tools & Supp	oort		
Documents & For	ms	How Do I?	
FORMS		Change Payment Me	thod
Profile / Payr	nent Method		
Current Payment	Method		
PLAN YEAR	ACCOUNT(S)	PRIMARY	ALTERNATE
01/01/2013 - No end da	ite HSA	Debit Card	Direct Deposit
Alternate Payment	Method		
 Direct Deposit Signing up for direct of form and verification of 	leposit will allow your disbursem of your account number (e.g. voi	nents to be deposited into your designal ided check) for direct deposit services.	ted bank account. You must provide a
 Check A reimbursement che 	ck will be sent via U.S. mail bas	ed on your normal reimbursement sche	dule.
Cancel			Submi

Step One: Choose File A Claim

Use the **File A Claim** button to start the process of filing your claim.

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Click **File A Claim** under the **I Want To:** section on the Home page.

OR

Click the **Accounts** tab and choose **File A Claim** from the drop-down menu under the **I Want To** section.





Step Two: Create Reimbursement

To start the process, you will choose the account you want to **Pay From** and then **Pay To**. Reimbursement claims will always be paid to you.

Create Reimbursement		* Requir
Online claims filing is a fast	and easy way to file clair	ns. Select an account to begin.
Pay From *	Medical	*
Pay To * ?	Me	~
Based on your selection, yo	u will be requesting a Cla	aim Reimbursement.
Based on your selection, yo	u will be requesting a Cla	aim Reimbursement.

Looking for Plan Information?

- 1. On the **Home page**, under the **Accounts** tab, you will be directed to the Account Summary page.
- 2. Click on the applicable account name and the Plan Rules will open in a pop-up window.

OR

On the **Home page**, under the **Tools & Support** tab, you may view Plan Summaries for basic information. Click each applicable plan to see the plan details.

PLAN RULES				
Joelle Larsen				_
FSA (1/1/2020 - 12/31/2020)				
Filing Rules: You must file claims before the final fi	ing date with a service date	no later than the final servic	e date determined base	d on your current status.
Final Service Date: 12/31/2020		Final Filing Date:	3/31/2021	
Current Status: 🗈 Active		Status Effective Date: 🔢	8/8/1989	
Debit Card Rules: Your debit card may be used fo	this plan as follows:			
Debit Card Transactions Allowed: Yes Maxim	im per Transaction Amount:	No maximum		
Claim Summary				
Individual Submitte	Paid	Pending	Denied	Total Expenses
+0.0	±0.00	+0.00	+0.00	+0.00



Step Three: Receipt / Documentation

Next you will need to upload your itemized receipts.

Click Upload Valid Documentation.

Documentation MUST include:

- Date of service (not the date of payment)
- Patient name

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- Merchant or provider name
- Service provided or item purchased
- Amount of the expense

Documentation must be in a JPG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number of uploaded receipts is four.

Additional documentation requirements are listed on the next page.

Home	Accounts	Tools & Support	Message Center 4	1
Accounts / File	A Claim			
Available Balance				
IVR IR Heartbeat Tes \$5.00				
Receipt / Document	tation			* Required
Receipt(s) * ?	Upload Valid Documentation			
Summary				
Pay From	Medical			
Рау То	Me			
Cancel			Previous	Next



Step Three: Receipt / Documentation (continued)

Healthcare Expense Valid Receipts

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You must have ONE of the following valid itemized receipts to substantiate your Healthcare FSA claim:

- Store/Pharmacy receipt, including name of product and date of service
- Copay receipt from medical provider, including date of service
- Itemized bill from medical provider, including date of service
- Insurance company's "Explanation of Benefits," including date(s) of service

Canceled checks and credit card statements ARE NOT valid receipts.

A Letter of Medical Necessity form must accompany receipts if they are for medical expenses that seem as if they would not be accepted for reimbursement. For example, psychotherapy or massage therapy are not typically reimbursable, but could be if prescribed by a physician. The form must state the medical condition requiring the treatment or product, the treatment or product specifically, the dated prior to the service or purchase date and be signed by a medical practitioner. **A Letter of Medical Necessity form is available on your online account:**

- 1. Select the **Tools & Support** tab.
- 2. Under the Documents and Forms section, select Letter of Medical Necessity Form to download and complete.

Dependent Daycare Expense Valid Receipts

Itemized bill/receipt of service must include the following information to substantiate your Dependent Daycare FSA claim:

- Care provider name
- Social security/tax ID number
- Dates of service
- Dependent name(s)
- Dependent care receipt

You can also submit a completed claim form with the provider signature.

Canceled checks ARE accepted for Dependent Daycare expenses. Credit card statements, bank statements or square receipts ARE NOT valid receipts.



Step Four: Claim Details

Next you will enter the details of the claim.

You can also add a dependent while on this screen.

Claim Details			* Required
Start Date of Service *	mm/dd/yyyy		
End Date of Service	mm/dd/yyyy		
Amount *	\$		
Provider *			
Category * 🤨	Select a category	*	
Туре *	Select a type	~	
Description			
	If the category is 'Other' or 'Over Drugs', you must provide a desc	-the-Counter ription.	
Recipient *	O Joelle Larsen O Joni Larsen		
	Add Dependent		
Summary			
Pay From	Medical		
Pay To	Ме		
Documentation Uploaded	No		
Cancel			Previous Next



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Step Five: Transaction Summary

In the **Transaction Summary** you will see the overview of the claim that you just entered.

If you choose to add another claim directly from this screen, you will see the overviews of all claims that you entered when you return to the **Transaction Summary** page.

Once you have entered all your claims and agreed to the **Claims Terms and Conditions**, you have the option to **Submit** the claims or **Save for Later**.

If you save claims for later, they stay in your **Claims Basket** while you scan receipts, add more claims, etc. Return to the **Claims Basket** by clicking on the shopping cart icon in the upper right corner of any page.

If your session times out or you log out of the portal, the basket is automatically emptied.

Step Six: Confirmation

After you have submitted your claims, you will land on the **Transaction Confirmation** page. Here you can review the claims you have successfully submitted.



FROM	то	EXPENSE	AMOUNT			
FSA	Me	Medical Services	\$5.00	\$5.00	Remove	Updat
Total Amount			\$5.00	\$5.00		
Claims Terms and	d Conditions					
🗆 I have read, unde	erstand, and agree to	the Terms and Conditions.				

Accounts / Transaction Confirmation					
Confirmation					
Please click the "Receipts Needed" lin	nk below a	nd upload	your receipt(s).		
Successfully Submitted					
From	То	Amount	Approved Amount	Receipt Status	
FSA	Ме	\$45.00	\$45.00	Uploaded(1) Upload another Receipt	
Total Approved Amount			\$45.00		

Mobile Access

Download the <u>Chard Snyder Mobile App</u> from the <u>App Store</u> or <u>Google Play</u>.

Submit your claim using your mobile device:

- 1. Log in to your Chard Snyder account using the mobile app.
- 2. Choose File A Claim under the I Want To section.
- 3. Enter requested details regarding the claim.
- 4. Click **Upload Receipt**. Device camera will take a picture of your itemized receipt. Make sure the picture is clear and the writing is legible. File formats can be JPG, GIF, PNG or PDF's from the device storage or cloud storage apps installed on the mobile device. File size limit is 8 MB.

5. Click Add Claim.

Other Mobile App Features:

- View account balances and transaction details
- Enable Face ID or Touch ID for easy, secure access
- Catalog past and current receipts using your phone's camera
- Receive claim confirmations or denials
- Scan any product for eligibility using your phone's camera (*Plan restrictions may apply*)



