

A woman with brown hair and glasses, wearing a green cardigan over a white polka-dot blouse, is sitting at a white desk in an office. She is looking at a silver laptop and has her hands on the keyboard. On the desk, there is a green mug with white polka dots, a notebook, a pen, and a smartphone. In the background, there is a window with a green plant on the sill and a wooden shelf with binders.

PAYFLEX[®]

Using the PayFlex member website
Health Care FSA | Dependent Care FSA | Commuter

Experience simple.

Website features covered within this presentation:

- Log in experience through aetna.com
- Health Care and Dependent Care FSA
- Claim filing process (pay me | pay them)
- PayFlex Card verification with “health plan claims”
- Account Settings
- Help & Support

Aetna members can single-sign-on (SSO) through **aetna.com**, Aetna navigator.

aetna

Secure Member Log-in

Welcome to Aetna Navigator®

User name

Password

Remember user name

Secure Log In

[Forgot user name?](#) | [Forgot password?](#) | [Log in tips](#)

First-time users **Register**

Please sign up for an account.
You will create a user name and password.

[Privacy Center](#) | [Interest-Based Ads Policy](#) | [Terms of Use](#) | [Legal Notices](#) | [Nondiscrimination Notice](#)

Copyright © 2001-2018 Aetna Inc.

Language Assistance: [Español](#) | [中文](#) | [Tiếng Việt](#) | [한국어](#) | [Tagalog](#) | [Русский](#) | [العربية](#) | [Kreyòl](#) | [Français](#) | [Polski](#) | [Português](#) | [Italiano](#) | [Deutsch](#) | [日本語](#) | [فارسی](#) | [Other Languages...](#)

Under "See Coverage & Costs", select your account name

The screenshot displays the Aetna member portal interface. At the top, a purple navigation bar contains links for Messages (0), Forms, ID Card, Profile, and Contact Us, with a Log Out link on the right. Below this is a white header with the Aetna logo and a 'Welcome' message. A secondary navigation bar includes links for Home, Find Care, Manage Claims, See Coverage & Costs, Stay Healthy, and Manage Prescriptions. A 'Message for our Members' link is also present. The main content area features a large banner with a smiling woman and the text 'Live well'. Below the banner are five vertical menu cards, each with an icon and a list of services. The 'See Coverage & Costs' card is highlighted with a purple header.

Messages 0 Forms ID Card Profile Contact Us Log Out

aetna® Welcome

Home | Find Care | Manage Claims | See Coverage & Costs | Stay Healthy | Manage Prescriptions

Message for our Members

Live well

- Find Care >**
 - Urgent Care
 - Doctor
 - Dentist
 - Hospital
 - Pharmacy
 - My Providers & Visits
 - Choose/change my primary care doctor
- Manage Claims >**
 - Claims
 - Explanation of Benefits
- See Coverage & Costs >**
 - Benefits
 - Estimate Costs
 - Dependent Care
 - Health Savings Account
 - Deductible
 - Out of Pocket Limit
 - Pharmacy Coverage
 - Long Term Disability
 - Short Term Disability
- Stay Healthy >**
 - Personal Health Record
 - Health Programs
 - Discounts
 - Discover a Healthier You
- Manage Prescriptions >**
 - Order Rx
 - Refill Rx
 - Specialty Rx
 - Pharmacy Coverage
 - Estimate Drug Cost

For cardholders only – enter the last 8 digits of your card number.

PAYFLEX®

SIGN IN

Get Started



Find Me

Enter the last eight digits of your PayFlex Card® number.

*Indicates a required field.

PayFlex Card Number*:

Submit

Create your profile

After you verify your account, you'll create your profile. We'll ask you to:

- Create a username and password
- Set up security questions and answers
- Review/accept the Online Services Agreement

QUICK TIP: After you create a username and password, you can use it to log into the PayFlex Mobile® app.

Create my profile



Welcome

Complete the following fields to create your profile. The username and password you choose will also work for the PayFlex Mobile® app.

*Indicates a required field

Create a username*:

Create a password*:

Confirm password*:

Security Question 1*:

Answer 1*:

Security Question 2*:

Answer 2*:

Security Question 3*:

Answer 3*:

Review the [Online Services Agreement](#)

I have received, read, understand and agree to the terms of this agreement.*

Your initials*:

Hello, LINDA

Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ **475**⁰⁰ available funds



Annual election	\$5,000.00
Deposits	\$500.00
Spent Funds	\$25.00

Last day to spend funds **Last day to file claims**
December 31, 2018 March 31, 2019

Account Actions
[View account details >](#)
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ **2,054**⁰⁰ available funds



Annual election	\$2,500.00
Spent Funds	\$446.00

Last day to spend funds **Last day to file claims**
December 31, 2018 March 31, 2019

Account Actions
[View account details >](#)
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Health Care FSA

The screenshot displays the PAYFLEX user interface. At the top, the navigation bar includes 'Home', 'Help & Support', 'Account Settings', and 'Sign Out'. Below this, the user is greeted as 'Hello, LINDA'. The main content area is divided into two sections: 'Dependent Care' and 'Healthcare (FSA)'. A red circle highlights the 'Your Accounts' dropdown menu, which is currently open, showing 'Dependent Care >' and 'Healthcare (FSA) >'. The 'Healthcare (FSA) >' option is selected, and a sub-menu is visible showing 'ABC Sample Company' with two plan periods: '1/1/2018 - 12/31/2018' and '1/1/2017 - 12/31/2017'. The 'Dependent Care' section shows a balance of \$475.00 available funds and \$25.00 spent funds. The 'Healthcare (FSA)' section shows a balance of \$2,054.00 available funds and \$446.00 spent funds. Both sections include 'Account Actions' and 'Quick Tips'.

PAYFLEX®

Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Hello, LINDA

Dependent Care
1/1/2018 - 12/31/2018 Change Plan Year ▼
ABC Sample Company

\$475⁰⁰ available funds ⓘ

Annual election ⓘ \$5,000.00
Deposits ⓘ \$500.00
Spent Funds ⓘ \$25.00

\$475.00 available funds \$25.00 spent funds

Last day to spend funds ⓘ December 31, 2018
Last day to file claims ⓘ March 31, 2019

Account Actions
View account details >
File a claim >
Link a bank account >
Set up account notifications >

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)
1/1/2018 - 12/31/2018 Change Plan Year ▼
ABC Sample Company

\$2,054⁰⁰ available funds ⓘ

Annual election ⓘ \$2,500.00
Spent Funds ⓘ \$446.00

\$2,054.00 available funds \$446.00 spent funds

Last day to spend funds ⓘ December 31, 2018
Last day to file claims ⓘ March 31, 2019

Account Actions
View account details >
File a claim >
Link a bank account >
Set up account notifications >

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)

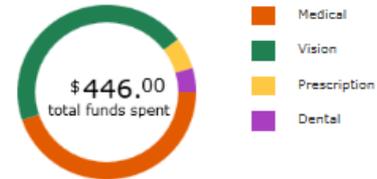
1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ **2,054**⁰⁰ available funds



Spending snapshot



Last day to spend funds
December 31, 2018

Last day to file claims
March 31, 2019

Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

Account activity

Claims



You can view claims you sent us here.

To-do list



You have 1 item on your to-do list. Be sure to review the item today.

Transactions



You can view your transactions here. This may include payments, deposits and withdrawals.

Have questions about your account?
Check out our frequently asked questions.

Dependent Care FSA

The screenshot displays the PAYFLEX user interface. At the top, there is a navigation bar with links for Home, Help & Support, Account Settings, and Sign Out. Below this is a secondary navigation bar with 'Your Accounts' selected, and other options like Alerts & News, Health Plan Claims, and Documents & Forms. A red circle highlights the 'Your Accounts' dropdown menu, which lists 'Dependent Care >' and 'Healthcare (FSA) >'. The 'Dependent Care' account is selected, showing details for 'ABC Sample Company' with plan years '1/1/2018 - 12/31/2018' and '1/1/2017 - 12/31/2017'. Below the account details, there is a summary section for the 'Dependent Care' account, showing \$475.00 in available funds and \$25.00 in spent funds. To the right, there are statistics for Annual election (\$5,000.00), Deposits (\$500.00), and Spent Funds (\$25.00). Below this, there are 'Last day to spend funds' (December 31, 2018) and 'Last day to file claims' (March 31, 2019). The 'Account Actions' section includes links for View account details, File a claim, Link a bank account, and Set up account notifications. A 'Quick Tips' section suggests exploring eligible expenses. The 'Healthcare (FSA)' account is also visible below, showing \$2,054.00 in available funds and \$446.00 in spent funds, with similar statistics and actions.

PAYFLEX®

Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Hello, LINDA

Dependent Care
1/1/2018 - 12/31/2018 Change Plan Year ▼
ABC Sample Company

\$475⁰⁰ available funds ⓘ

\$475.00 available funds \$25.00 spent funds

Annual election ⓘ \$5,000.00
Deposits ⓘ \$500.00
Spent Funds ⓘ \$25.00

Last day to spend funds ⓘ December 31, 2018
Last day to file claims ⓘ March 31, 2019

Account Actions
View account details >
File a claim >
Link a bank account >
Set up account notifications >

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)
1/1/2018 - 12/31/2018 Change Plan Year ▼
ABC Sample Company

\$2,054⁰⁰ available funds ⓘ

\$2,054.00 available funds \$446.00 spent funds

Annual election ⓘ \$2,500.00
Spent Funds ⓘ \$446.00

Last day to spend funds ⓘ December 31, 2018
Last day to file claims ⓘ March 31, 2019

Account Actions
View account details >
File a claim >
Link a bank account >
Set up account notifications >

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ **475**⁰⁰ available funds



Last day to spend funds

December 31, 2018

Last day to file claims

March 31, 2019

Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

Account activity

Claims



You can view claims you sent us here.

To-do list



You have 1 item on your to-do list. Be sure to review the item today.

1

Transactions



You can view your transactions here. This may include payments, deposits and withdrawals.

Have questions about your account?
Check out our frequently asked questions.

File a claim: Pay Me

Hello, LINDA

Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ **475**⁰⁰ available funds



Annual election	\$5,000.00
Deposits	\$500.00
Spent Funds	\$25.00

Last day to spend funds	Last day to file claims
December 31, 2018	March 31, 2019

Account Actions

- [View account details >](#)
- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)



Quick Tips

Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ **2,054**⁰⁰ available funds



Annual election	\$2,500.00
Spent Funds	\$446.00

Last day to spend funds	Last day to file claims
December 31, 2018	March 31, 2019

Account Actions

- [View account details >](#)
- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)



Quick Tips

Explore eligible expenses. Find out what you can pay for with your PayFlex account.

File a Claim

PayFlex allows you to file your claims online for fast and easy reimbursement of your expenses.

Below, choose whether you want us to reimburse you or pay your payee directly.

Pay Me

File your claims, provide documentation and receive a check or direct deposit.



Pay Them

File your claim, provide documentation and PayFlex will send a check directly to your payee.



File a Claim



Step 1:

Claim Details

Add a line for each
expense



Step 2:

Confirmation

Confirm all expense
details



Step 3:

Documentation

How would you like to send in your
receipts



Step 4:

Send

Receipts

To begin submitting your claims follow the instructions below:

- Expense Type, Expense Begin Date and Amount are required for all claim items.
- Expense End Date and Dependent First Name are only required for certain Expense Types.
- Click on the "Add Another Expense" button to enter additional expenses.
- If you have completed entering all your expenses, click "Next" to proceed to the next step.

Note: If you have more than one expense, please enter them separately. Click "Add Another Expense" to add more expenses.

Expense Type	<input type="text" value="Please Select"/>
Expense Begin Date	<input type="text"/>
Expense End Date	<input type="text"/>
Amount	<input type="text" value="\$0.00"/>

ADD ANOTHER EXPENSE

NEXT

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send

Receipts

If the information below is correct, click "Next" to continue. To edit the claim click the "Previous" button.

Expense Type	Expense Begin Date	Expense End Date	Dependent Name	Dependent Age	Amount
Medical	04/14/2016				\$150.00

PREVIOUS

NEXT

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send Receipts

Please select a method to submit your receipts for this claim. By uploading your receipts, this will expedite the claim process.

Receipts must be in JPEG, GIF, PNG, or PDF format and less than 10MB in order to upload them.

By checking this box, I certify that I or my eligible spouse or dependent incurred these eligible expenses. I also certify the health care expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand "incurred" means an eligible individual received the service for that expense, regardless of when I'm billed, charged, or pay for the service. I also certify I haven't received reimbursement for the expenses and I won't seek reimbursement elsewhere. I understand that if I receive reimbursement for an expense, I can't claim that amount on my or my spouse's income tax returns.

For Health Reimbursement Arrangement (HRA) members : I understand that an Internal Revenue Service (IRS) rule only lets me use my HRA for eligible individuals if they're covered by a compliant group health plan*. I certify that the patient noted on my claim (myself, spouse, or eligible dependent) is covered under my Employer's group health plan or another compliant group health plan*.

I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

*The group health plan must be compliant with the Affordable Care Act (ACA). It can't have annual or lifetime dollar limits on essential health benefits. And it can't exclude coverage because of pre-existing conditions.

Signature (You must check this box to electronically sign your claim form)

FAX

UPLOAD

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send Receipts

Upload Instructions:

- Browse for the document/receipt you would like to upload.
- Documents/Receipts must be in JPEG, GIF, PNG, or PDF format and the combined size of all documents/receipts must be less than 10MB.
- To upload additional documents/receipts for this claim, click on the "Add Additional Documents" button.
- You must check the Signature Box as an electronic signature for your claims.
- For Dependent Care claims, please make sure to upload any Dependent Care provider signatures with your documentation, if applicable.
- Click on the "Submit" button to complete the process for submitting your claim and receipts.

The total size of all documents you attempt to upload must be less than 10 MB.

Browse...

ADD ADDITIONAL DOCUMENT

SUBMIT

File a claim: Pay Them

File a Claim



Step 1:
Payee
Information



Step 2:
Payment
Information



Step 3:
Claim
Details



Step 4:
Confirmation



Step 5:
Documentation



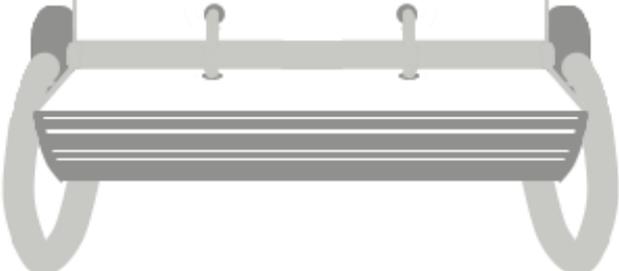
Step 6:
Send
Receipts

You have chosen to have PayFlex® reimburse your payee directly for this claim. Please choose a payee from the list below or click on the link to enter a new payee.

Select a payee from your list of previously established payees or click on "+" to add a new payee.

Select Your Payee▼

+



NEXT

File a Claim



Step 1:

Payee

Information



Step 2:

Payment

Information



Step

3:

Claim
Details



Step 4:

Confirmation



Step 5:

Documentation



Step 6:

Send

Receipts

Please provide the additional information below. This will be included with your payment to help your provider correctly apply your payment.

Required Field*

Your Contact Number*

Statement Date

Invoice Number(s)

Patient Name*

Comments (250 Characters)

PREVIOUS

NEXT

File a Claim



Step 1:

Payee
Information



Step 2:

Payment
Information



Step
3:

Claim
Details



Step 4:

Confirmation



Step 5:

Documentation



Step 6:

Send
Receipts

To begin submitting your claims follow the instructions below:

- Expense Type, Expense Begin Date and Amount are required for all claim items.
- Expense End Date and Dependent First Name are only required for certain Expense Types.
- Click on the "Add Another Expense" button to enter additional expenses.
- If you have completed entering all your expenses, click "Next" to proceed to the next step.

Note: If you have more than one expense, please enter them separately. Click "Add Another Expense" to add more expenses.

Expense Type

Expense Begin Date

Expense End Date

Amount

ADD ANOTHER EXPENSE

PREVIOUS

NEXT

File a Claim



Step 1:

Payee
Information



Step 2:

Payment
Information



Step
3:

Claim
Details



Step 4:

Confirmation



Step 5:

Documentation



Step 6:

Send
Receipts

Please verify the information below is correct.

Payee Information:

Dr. Jones
1001 ROSE STREET
HARTFORD, CT 06771

Payment Information:

Contact Number **(400) 555-5555**

Statement Date **03/18/2016**

Invoice Number **700024227**

Patient Name **John Clark**

Comment

Comment	
Healthcare (FSA)	\$150.00

Total Payment

\$150.00

PREVIOUS

NEXT

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send Receipts

Please select a method to submit your receipts for this claim. By uploading your receipts, this will expedite the claim process.

Receipts must be in JPEG, GIF, PNG, or PDF format and less than 10MB in order to upload them.

By checking this box, I certify that I or my eligible spouse or dependent incurred these eligible expenses. I also certify the health care expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand "incurred" means an eligible individual received the service for that expense, regardless of when I'm billed, charged, or pay for the service. I also certify I haven't received reimbursement for the expenses and I won't seek reimbursement elsewhere. I understand that if I receive reimbursement for an expense, I can't claim that amount on my or my spouse's income tax returns.

For Health Reimbursement Arrangement (HRA) members : I understand that an Internal Revenue Service (IRS) rule only lets me use my HRA for eligible individuals if they're covered by a compliant group health plan*. I certify that the patient noted on my claim (myself, spouse, or eligible dependent) is covered under my Employer's group health plan or another compliant group health plan*.

I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

*The group health plan must be compliant with the Affordable Care Act (ACA). It can't have annual or lifetime dollar limits on essential health benefits. And it can't exclude coverage because of pre-existing conditions.

Signature (You must check this box to electronically sign your claim form)

FAX

UPLOAD

**Verify your card
transaction with a
connected claim**

Select View account details

PAYFLEX®

Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Hello, LINDA

Dependent Care

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ 475⁰⁰ available funds

Annual election: \$5,000.00
Deposits: \$500.00
Spent Funds: \$25.00

Last day to spend funds: December 31, 2018
Last day to file claims: March 31, 2019

Account Actions
[View account details >](#)
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$ 2,054⁰⁰ available funds

Annual election: \$2,500.00
Spent Funds: \$446.00

Last day to spend funds: December 31, 2018
Last day to file claims: March 31, 2019

Account Actions
[View account details >](#)
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.



Select Verify card purchases

PAYFLEX® Home Help & Support Account Settings Sign Out

Your Accounts Alerts & News Health Plan Claims Documents & Forms

Healthcare (FSA)

1/1/2018 - 12/31/2018 [Change Plan Year](#)

ABC Sample Company

\$2,054⁰⁰ available funds ⓘ

\$2,054.00 available funds \$446.00 spent funds

Spending snapshot

\$446.00 total funds spent

- Medical
- Vision
- Prescription
- Dental

Last day to spend funds ⓘ
December 31, 2018

Last day to file claims ⓘ
March 31, 2019

Account Actions

- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)

Account activity

Claims

You can view claims you sent us here.

To-do list

You have 2 items on your to-do list. Be sure to review the items today.

Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.

Verify card purchases

Action required. You need to verify a card purchase is eligible.

Select Apply My Health Plan Claims

Unverified
Card Purchases

Verification
Status

Unverified Card Purchases

We can't confirm these card purchases were for eligible expenses. The Internal Revenue Service (IRS) requires that we verify each card purchase is for an eligible expense. This means you need to take action. You can:

1. Upload or fax the required documentation for your card purchase. ?
2. Apply your unreimbursed health plan claims to your card purchase. ?

To get started, select a transaction. Then choose the action you want to take.

Select	Date	Description	Amount	Unverified Amount
<input checked="" type="checkbox"/>	05/09/2018	THE MEDICINE SHOPPE #5 BELTON	\$20.20	\$20.20

Note: If you have reimbursed the Plan via check or submitted additional claims to offset your overpayment, the original ineligible claims will still appear in the list through the remainder of the plan year.

UPLOAD MY DOCUMENTATION

FAX MY DOCUMENTATION

APPLY MY HEALTH PLAN CLAIMS



Select the health plan claims to apply

Unverified
Card Purchases

Verification
Status

Apply My Health Plan Claims

Unverified Card Purchase: 05/09/2018 THE MEDICINE SHOPPE #5 BELTON \$20.20

Unverified Amount: \$0

Select the claim(s) you want to apply to your unverified card purchase.

- If you don't see a claim amount that matches your card purchase, you can select more than one claim.
- If your selected claims exceed your card purchase amount, that's ok. The excess amount will remain available, if needed for future action.
- Once you apply a claim to card purchase, you can't request reimbursement for that claim in the future.

Eligible Health Plan Claims

Select	ID	Service Date	Provider Name	Expense Type	Claim Amount	Unreimbursed Amount
<input type="checkbox"/>	EAAA98XP925 Aetna Test Carrier	04/04/2018	Green Oaks Hospital Subsidiary, L.P.	Medical	\$430.00	\$419.99
<input type="checkbox"/>	EAAA89R4D22 Aetna Test Carrier	04/04/2018	Skin & Laser Surgery Center, P.C.	Medical	\$109.47	\$92.30
<input type="checkbox"/>	EAAA98Y9Y26 Aetna Test Carrier	04/04/2018	Amzi R Sherling Dds	Dental	\$95.00	\$72.78
<input type="checkbox"/>	EAAA93ZQM24 Aetna Test Carrier	04/04/2018	Crooker, Jonathan C	Medical	\$40.00	\$40.00
<input checked="" type="checkbox"/>	EAAA98ZVR27 Aetna Test Carrier	04/04/2018	Dfw 5.01 (A) Corporation	Medical	\$30.90	\$30.90

[12](#)

CANCEL

NEXT



Review your selections

Unverified
Card Purchases

Verification
Status

Review Your Selections

Unverified Card Purchase: 05/09/2018 THE MEDICINE SHOPPE #5 BELTON \$20.20

ID	Service Date	Provider Name	Type	Claim Amount	Unreimbursed Amount	Applied Amount
EAAA98ZVR27 Aetna Test Carrier	04/04/2018	Dfw 5.01 (A) Corporation	Medical	\$30.90	\$30.90	\$20.20

I certify that my spouse, eligible dependent or I have incurred the expenses listed above. I haven't received reimbursement for any of these expenses. And I won't seek reimbursement elsewhere, including from a Health Savings Account (HSA). If I receive reimbursement, my spouse or I won't claim the same expenses on our income tax return

PREVIOUS

SUBMIT



Card purchase "verified"

Verification Status

Verification Status

Success! We've applied your health plan claim(s) to your card purchase. We'll consider your purchase "verified." This means you won't have to send us documentation.

Here you can view the status of your card purchase.

Success! We've applied your health plan claim(s) to your card purchase. This means we'll consider your purchase "verified." And, you won't have to send us documentation for that card purchase.

Your health plan claim(s) exceeded your card purchase amount by \$10.70. This amount is still available for you to take action. You can even request reimbursement.

Would you like to request reimbursement now?

Service Date	Merchant	Amount	Verification Method ?
06/06/2018	THE MEDICINE SHOPPE #5 BELTON		[Upload My Documentation]
06/06/2018	THE MEDICINE SHOPPE #5 BELTON		[Upload My Documentation]
05/09/2018	THE MEDICINE SHOPPE #5 BELTON	\$17.17	Health Plan Claims Applied ? [Fax My Documentation] [Upload My Documentation]
05/09/2018	THE MEDICINE SHOPPE #5 BELTON	\$22.22	Health Plan Claims Applied ? [Fax My Documentation] [Upload My Documentation]
05/09/2018	THE MEDICINE SHOPPE #5 BELTON	\$20.20	Health Plan Claims Applied ? [Fax My Documentation] [Upload My Documentation]
04/13/2018	THE MEDICINE SHOPPE #5 BELTON	\$10.01	Health Plan Claims Applied ? [Fax My Documentation] [Upload My Documentation]

Request payment

Request Health Plan Activity Payment

ID EAAA98ZVR27 Aetna Test Carrier

Date 04/04/2018

Patient Name PAYFLEX

Provider Dfw 5.01 (A) Corporation

Plan Paid \$0.00

Patient Amount Due \$30.90

+ Amount Requested to Date \$20.20

Applied to card purchase 05/09/2018 THE MEDICINE SHOPPE #5 BELTON \$20.20

Amount Remaining \$10.70

Instructions

- Review the table below for information regarding this payment
- Identify where your payment should be send
- If you have more than one account from which this payment can be made, you will have the opportunity to exclude one or more of them if you do not wish to use certain funds for this payment
- Hover on ? for more information about specific options.
- Click "Next" to continue.

Account	Balance	Payment Amount ?	Exclude Account ?	Send Payment to:
Healthcare (FSA) 01/01/2018-12/31/2018	\$1,805.76	\$10.70		Me <input checked="" type="radio"/> Provider <input type="radio"/> ?
TOTAL PAYMENT REQUESTED		\$10.70		

NEXT



Review payment request

Request Health Plan Activity Payment

Total Amount Requested: \$10.70

Your payment of \$10.70 from your reimbursement account(s) will be sent separately to you by check.

PREVIOUS

SUBMIT



Account Settings

Account settings

My profile

[Bank accounts](#)

[Account notifications](#)

[PayFlex Card](#)

My Profile

Address 	1 TEST ST OMAHA, NE 68154	
Username	linda_doe	Edit
Password	••••••••	Edit
Phone number 	123-456-7890	Edit
Mobile phone number 	123-456-7890	Edit
Email address	test@test.com	Edit
Security questions	What is your mother's maiden name? What was the name of your first pet? What was the model name of your first car?	Edit

Account settings

[My profile](#)

Bank accounts

[Account notifications](#)

[PayFlex Card](#)

My linked bank accounts

Bank accounts linked to my reimbursement account(s):

You have no bank accounts linked to your PayFlex reimbursement account(s). You can get your money faster by linking an account.

[LINK BANK ACCOUNT TO MY REIMBURSEMENT ACCOUNT\(S\)](#)

Account settings

My profile

Bank accounts

Account notifications

PayFlex Card

Account notifications

You can manage your account notifications here. Select a + sign to view your options. Then choose the notifications you want to receive. And select your document delivery preferences. You should also verify your contact information under My profile.

Security alerts

Notification

Email

Text

- Dependent debit card ordered
- Email address updated or added
- Linked bank account updated or added
- Mobile phone number updated or added

Reimbursement Account

Notification

Email

Text

Online

- Balance reminder
 - Select frequency:
 - Monthly Quarterly
- Claim received

Document delivery

Paperless

- Explanation of Payment

PayFlex Card®

Notification

Email

Text

Online

- Card declined
- Card documentation processed
- Card suspended
- Card expense verification

Document delivery

Paperless

- Request for documentation letter

Account settings

My profile

Bank accounts

Account notifications

PayFlex Card

My PayFlex Card®

You can view the status of your PayFlex Card. And you can order a card for your spouse or dependent.



MasterCard® *****22

Cardholders

LINDA DOE (PRIMARY)

Accounts

Healthcare (FSA) 01/01/2017-12/31/2017

Status	Balance
Active	\$117.05

ORDER A DEPENDENT DEBIT CARD

PayFlex Card Quick Tips



Activate your card

When you get a new card, you'll need to activate it. Just call the number on the activation sticker.



Use your card at qualified merchants and providers

You can use your card at qualified merchants and providers that accept MasterCard®.



Save your documentation

Be sure to save your Explanations of Benefits (EOBs), itemized statements and detailed receipts. We may ask you to send them in when we're unable to verify if a card purchase is eligible.

Help & Support

Help & Support

QUICK TIP: Go to **Contact us** to send us an email or start a live chat with customer service.



A screenshot of the PayFlex website's Help & Support page. The page has a dark blue header with the 'PAYFLEX' logo on the left and navigation links for 'Home', 'Help & Support', 'Account Settings', and 'Sign Out' on the right. Below the header is a secondary navigation bar with links for 'Your Accounts', 'Alerts & News', 'Health Plan Claims', and 'Documents & Forms'. The main content area is titled 'Help & Support' and contains five white boxes with icons and text: 'Contact us' (with a computer and speech bubble icon), 'Explore common eligible dependent care expenses' (with a dollar sign and person icon), 'Explore common eligible health care expenses' (with a dollar sign and plus sign icon), 'Frequently asked questions (FAQs)' (with a question mark icon), and 'Resource center' (with a gear icon).

PAYFLEX®

[Home](#) [Help & Support](#) [Account Settings](#) [Sign Out](#)

[Your Accounts](#) [Alerts & News](#) [Health Plan Claims](#) [Documents & Forms](#)

Help & Support

Contact us



We're here to help answer your questions about the accounts we offer. You can contact us before, during and after you enroll.

Explore common eligible dependent care expenses



Find out what expenses may be eligible and ineligible for your PayFlex dependent care account.

Explore common eligible health care expenses



Find out what expenses may be eligible, potentially eligible and ineligible for your PayFlex health care account.

Frequently asked questions (FAQs)



Have questions about our products & services? Check out our frequently asked questions.

Resource center



You can find planning tools, forms, educational materials and IRS resources here.

Questions?