

# NBS Web Portal

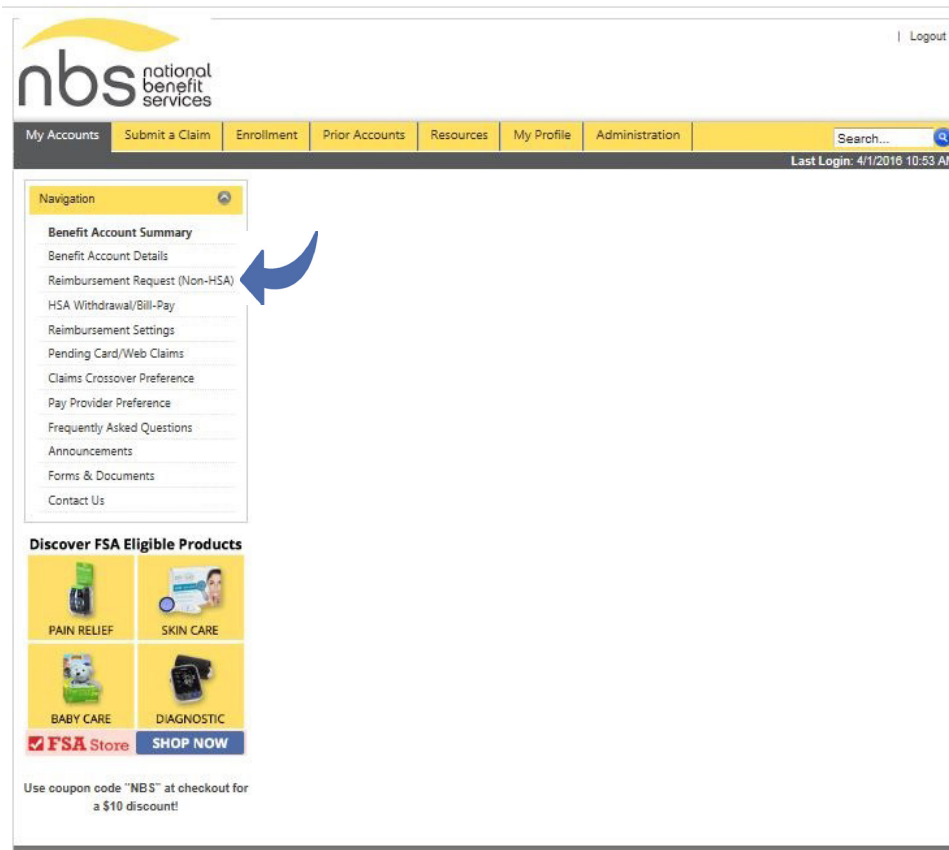
## How to submit a reimbursement claim using NBS Web Portal

### 1 Get to the website

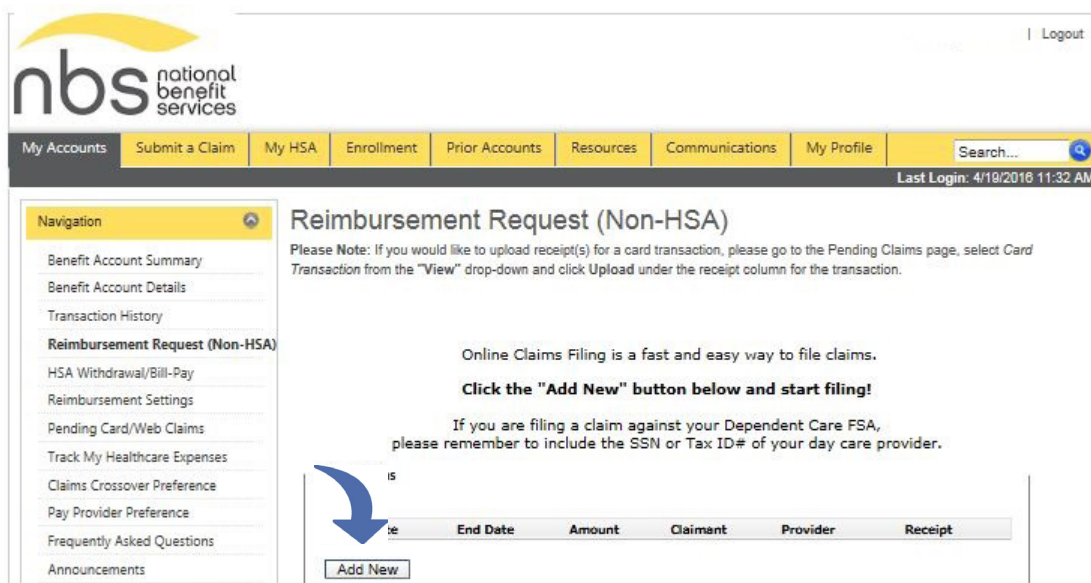
- ▶ Using your Internet browser, navigate to: <http://my.nbsbenefits.com>
- ▶ Click "Login" on the tab on the top of the home page. (Highlighted in red below.)

The screenshot displays the NBS Benefits Portal homepage. At the top right, there are two buttons: "Register" and "Login". The "Login" button is highlighted with a red rectangular border. Below the header is a navigation bar with tabs for "My Accounts", "Enrollment", "Prior Accounts", and "Resources", along with a search bar. The main content area features a "Welcome to the NBS Benefits Portal" message and three resource cards for "HRA Resources", "FSA Resources", and "HSA Resources". On the left side, there is a "Login" section with a "Username:" label, an input field, and a "Continue" button. Below the login section, there are links for "Forgot your Username? Click here." and "New User? Please click here to create a username and password."

## 2 Select Reimbursement Claim



► Select the "Add New" button in the middle of the screen



- ▶ A new window will appear titled “Add/Edit Claim”

**Add/Edit Claim**

**Please note the following special instructions:**

Your receipt must contain the following: Name of service provider, date of service, item purchased or service provided, amount due.

If you are submitting to the HRA, the Explanation of Benefits that outlines how insurance processed the claim is required.

If you are submitting to the Dependent Care Assistance Account, the receipt must also include the provider's SSN or Tax ID number.

If you select a Provider below you are agreeing to pay that provider directly. **Do not select this option unless you want reimbursement sent to your provider.**

Service Dates: Start Date\* [ ] [ ] End Date [ ] [ ]

Claim Amount \*: \$ [ ]

Pay Provider?  Yes  No

Claimant \*: [ ] [ ]

Reimbursement Method\*: [ Check ]

Provider: [ ] [ ]

Service Category Code\*: [ --Select One-- ]

Receipt File: [ ] [ Browse ]

[ Add File To List ]

Notes: [ ]

\* = required

[ OK ] [ Cancel ]

### 3 Fill out the form completely then select OK

- ▶ \*If you have a scanned receipt that is in the following format: pdf, jpeg, jpg, gif, png, tiff, tif – you may upload it now by clicking the browse button and locating the file on your computer. Otherwise you will have an opportunity later to mail/email the receipt directly to National Benefit Services.

- ▶ A new claim has been added above the add new button. At this point you may edit your claim or click “Submit” to submit your claim for processing. To certify that you have read and understood the Certification section, select the box under Certification and then click Submit.

### 4 Congratulations!

- ▶ You have just submitted a reimbursement claim using the online system. If you uploaded a receipt with your claim you are finished. If you need to mail in a receipt please see below.

# 5

## Mailing in receipts

▶ A report called "Claim Receipt Submittal Form" will open. Please print this form, and follow the instructions on it to submit you receipt(s).

Congratulations!

You have successfully entered your Request for Reimbursement online!

Once your claim has been reviewed by one of our claims processors, it will appear under Pending Claims where you can verify the status of your reimbursement

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Participant:

Tracking Number: 14957

Date Submitted: 9/11/2014

Total Requested: \$100.00

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**Claims Submitted With Receipts:**

Start Date	End Date	Amount	Claimant	Provider
9/1/2014	9/1/2014	\$100.00	<input type="text"/>	Dr. Pepper

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**Claims Submitted Without Receipts:**

Start Date	End Date	Amount	Claimant	Provider

[View Receipt Submittal Form](#)

### Claim Receipt Submittal Form

If you cannot upload your receipt, print this document and submit to National Benefit Services via **one** of the following methods:

Email: [service@nbsbenefits.com](mailto:service@nbsbenefits.com)

Fax: 844-438-1496

Mail: P.O. Box 6980  
West Jordan, UT 84084

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Participant:

Date Submitted: 9/11/2014

Total Requested: \$100.00

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**Claims Submitted With Receipts:**

Start Date	End Date	Amount	Claimant	Provider
9/1/2014	9/1/2014	\$100.00		Dr. Pepper

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**Claims Submitted Without Receipts:**

Start Date	End Date	Amount	Claimant	Provider

**If you have questions,  
please call  
(800) 274-0503**