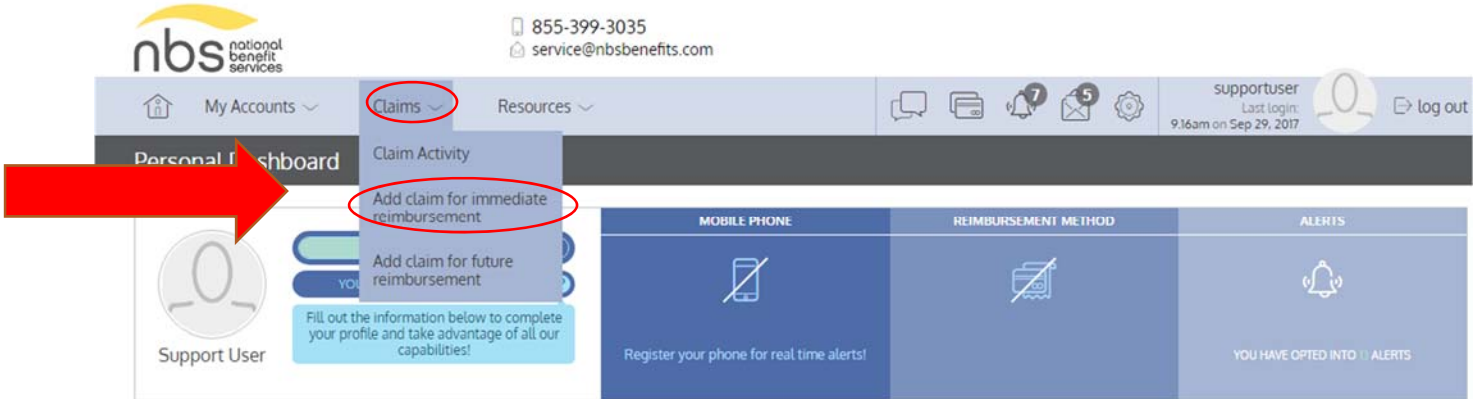


Filing Claims Online

1. Navigate to the Claim Submission section of the portal by selecting the 'Claims' dropdown from the blue task bar then click 'Add claim for immediate reimbursement'.



2. Fill out the required fields. Please note: if you are filing a claim for an HRA, you will need to specify this in the Service Category Code section.

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.

Credit card receipts typically do not contain the sufficient documentation necessary for a reimbursement.

(i) 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.**

* - Required Field

Claimant	Support User
Reimbursement Method *	Check
Service Start Date *	Oct 10, 2017
Service End Date *	Oct 10, 2017
Service Type *	Day Care Center
Claim Amount *	Day Care Center
Pay provider? *	Dental
	HRA Dental
	Medical
	Rx
	After School Care
	Vision
	No

3. As part of the claims process, we will need to see supporting documentation showing the following three pieces of information: date of service, amount charged, and services provided or description of services. Documentation can be attached to the claim by clicking 'Browse' next to where it says, 'Upload Receipt' or by dragging and dropping files to the 'Drag & Drop your receipts here' section from your computer. *You can add as many documents as you need to by continuing to select 'Browse' or dragging and dropping.

Claim Amount *


Pay provider? *

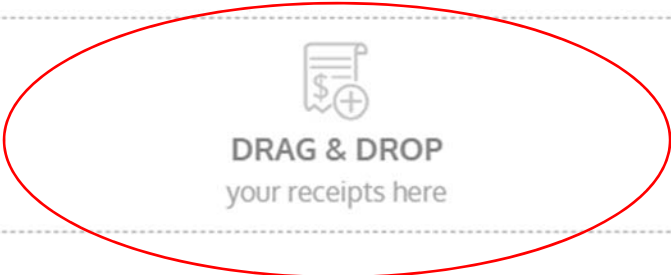
Yes No

Provider Name

Comments

Upload Receipt


DRAG & DROP
your receipts here



4. To get the claim sent to us for processing, you will need to read the terms and conditions for submitting claims, check the Certification box, and then click submit on the bottom of the page.

I understand the following:



1) The expenses listed above have not been reimbursed nor will I seek reimbursement for these expenses from any other source.

2) The expenses must qualify for reimbursement under the Internal Revenue Code.

3) I have retained copies of the documentation submitted with this request as these materials will not be returned to me.

4) The expenses listed above were incurred by myself and/or my eligible dependents as defined by the IRS.

5) It is the Employees responsibility to ensure all claims have been uploaded properly and received at NBS.

6) If this is an HRA claim which you created manually, then an Explanation of Benefits (EOB) must be submitted as supporting documentation. If this claim was not created by you and, instead, was automatically generated by a provider or insurance carrier then no EOB is required.



5. After a successful claim submission, you will be greeted with a message saying you have successfully submitted your claim. If you would like to verify that your claim has made it to us, click 'Open Claims List'. If you see the claim on this page with the status 'Submitted' then we have received your claim and will process it within the next few business days. To submit additional claims, click 'Submit another claim'.



Thank you!
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

Claim Details

Amount:	\$5. ⁰⁰
Type:	Check
Claimant:	Support User
Tracking #:	1798414
Service Type:	Medical
Service Start Date:	Oct 7, 2017
Service End Date:	Oct 7, 2017
Comments:	
Provider:	

What do you want to do next?



Submit Another Claim



Open Claims List



If you have further questions, feel free to reach out to us via phone or email at 855-399-3035 or service@nbsbenefits.com

How to pay a provider directly with an Online Claim

After completing step 2 of “Filing Claims Online” check the blue ‘Yes’ under ‘Pay provider’. This will bring up an ‘account number’ section where you can enter the account number you have on file with the provider you are paying.

The screenshot shows a form with several fields. The 'Pay provider?' field is a radio button group with 'Yes' selected and circled in orange. An arrow points from the 'Yes' selection to a dropdown menu for 'Provider Name'. The dropdown menu is open, showing 'select name' (twice) and '+ add a new provider record' (underlined). Other fields include 'Service Type' (Day Care Center), 'Account Number' (empty), 'Claim Amount' (\$ 0.00), and 'Comments'.

You will then need to enter the Provider’s name and address for us to send the payment to. Under the ‘Provider Name’ field, drop down and select ‘+add a new provider record’ and a screen will pop up where you can enter this information. Then hit submit to return to the claim form. Now proceed to section 3. of “Filing Claims Online” to complete the claim submission.

The screenshot shows a modal form titled 'Add New Provider'. It contains several input fields: 'Provider Name', 'Address 1', 'Address 2', 'City', 'State' (a dropdown menu with 'Select state' selected), 'ZIP', and 'Phone'. At the bottom, there are two buttons: 'Submit' (with a checkmark icon) and 'Cancel' (with an 'X' icon). The 'Submit' button is circled in orange.