How to pay a provider using the BenefitWallet® member portal

You can quickly and easily pay a health care provider with the BenefitWallet member portal; see the step-by-step instructions below.

Step 1

Log in to the BenefitWallet member portal at **www.mybenefitwallet.com** and click **Pay a Provider**.
- If you need to create a User ID and Password, click **First Time User**.
- If you have forgotten your User ID, click **Forgot User ID**.

Reimburse Myself	Pay a Provider	My Expenses	Statements	Message Center	Direct Deposit Information

Step 2

On the **Create Reimbursement** screen:
- For the **Pay From** dropdown, select **Medical**.
- For the **Pay To** dropdown, select **Someone Else**.
- Click **Next**.

Create Reimbursement

Online claims filing is a fast and easy way to file claims.

Pay From *   Medical

Pay To * ⓘ   Someone Else

Based on your selection, you will be requesting a Claim Reimbursement.

Step 3

In the **Payee Details** section:
- If you need to **Add a New Payee**, complete all of the required fields, check the **Save new payee information** box and click **Next**.
- If you have already saved the payee to your profile, click **Select A Saved Payee** and click **Next**.

Payee Details

Payee *   ● Add a New Payee ○ Select a Saved Payee

Payee Name *   Dr. Smith
Enter who provided this service (this may be a physician, hospital, etc.)

Who is this for?   Jane Johnson
When appropriate, provide the name of the person who received service.

Account Number *   A123456
Enter the account number that the payee uses to identify the service or recipient.

Payee Address *   123 Main Street
Box 500
Address Line 3
Springfield
Massachusetts   01020
Enter the address of physician, hospital, etc. who provided the service.
☑ Save new payee information

Step 4

On the next screen, you need to submit documentation to support your payment. Click **Upload Valid Documentation** and follow the prompts. Proper receipt documentation <u>must</u> include:

- Name of the person who incurred the service or expense
- Name and address of the provider or merchant
- Date the service or expenses was incurred
- Detailed description of the service or expense
- Amount charged for the service or expense

Receipt / Documentation   * Required

Receipt(s) ⓘ   Upload Valid Documentation

Step 5

For the **Claim Details** section, complete the required information and click **Next**.

Start Date of Service *	4/16/2020
End Date of Service	4/16/2020
Amount *	$ 20.00
Provider *	Dr. Jane Smith
Category * ⓘ	Medical Expenses ▾
Type *	Medical Copay ▾
Description	Annual check up

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

| Recipient * | ⦿ CHARLES BURNS |

Step 6

To complete the transaction, review the **Transaction Summary** and click **Submit**. You will see a confirmation that the reimbursement was successfully submitted.

Transaction Summary (1)

	FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ⓘ		
+	Flexible Spending Account	Dr. Smith	Medical Copay	$20.00	$20.00	Remove	**Update**
	Total Amount			**$20.00**	**$20.00**		

Cancel   Save for Later   Add Another   Submit