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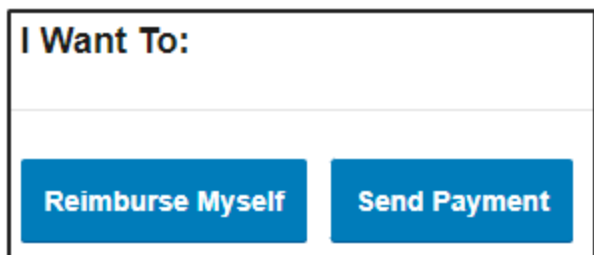
How to send a reimbursement check directly to a provider in your online account

This article outlines how to send a reimbursement check directly to a provider in your online account.

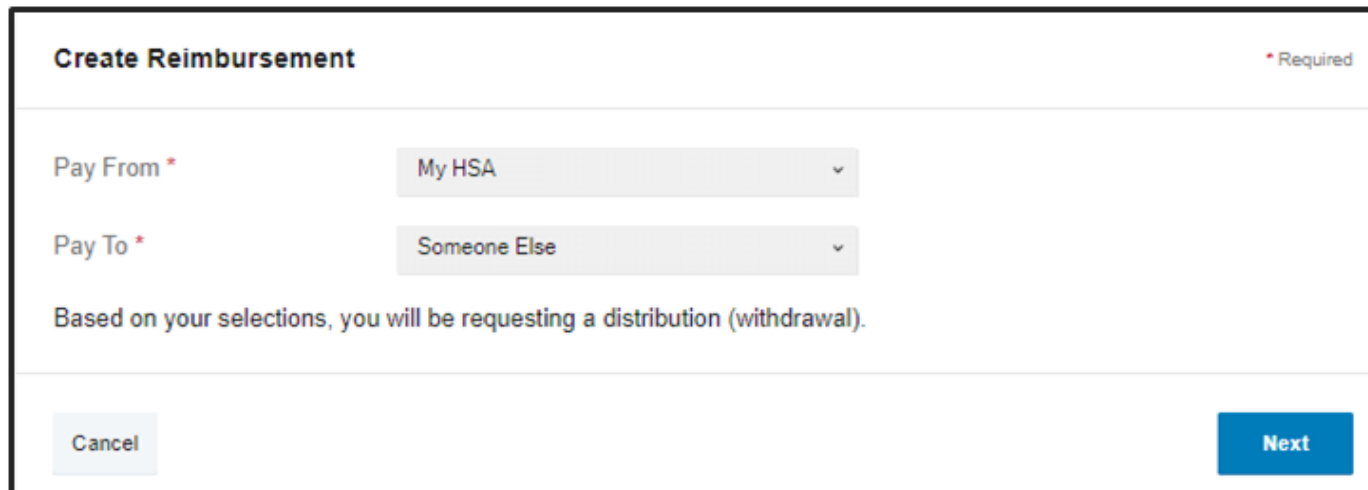
Note: To watch a video tutorial, click here. 

To file a new claim and have the reimbursement sent directly to your provider, complete the following steps:

1. Log in to your online account.
2. Click "Send Payment" in the I Want To section of the Home tab.



3. Select which account you would like the provider to be reimbursed from in the "Pay From" drop-down list. Select "Someone Else" from the " Pay To" drop-down list and then click "Next."



4. Complete the required fields and then click "Next."
5. Type the Payee Name, Account Number, as well as the Payee Address and then click "Next." This information will be on the pay to provider check.

Important: Any detail you add to the "Who is this for?" section, will be placed in the memo line of the check.

Payee Details * Required

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

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

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

Payee Address *

Enter the address of physician, hospital, etc. who provided the service.

Save new payee information

Summary

From: My HSA
To: Someone Else

Note: For an HSA, continue to follow steps 6 - 8. If your account requires documentation, skip to step 9 to upload your receipt.

6. Determine the Frequency under Transaction Schedule and then click "Next."

Transaction Schedule

Frequency * ? One-time Schedule

Summary

From My HSA

To Someone Else

7. Complete the Transaction Details and click "Next."

Transaction Details * Required

Tax Description ? Normal Distribution

Amount * \$

Expense ?

Recipient/Patient ?

Notes

Summary

From My HSA

To Someone Else

Schedule One-time

8. Review the Claims Terms and Conditions and check the box indicating you have read, understand, and agree to them. Then click "Submit."

Normal Distribution Disclaimer ✔ Agreed ▾

Cancel Save for Later Add Another Submit

Note: If you are filing under an HSA, you are finished after clicking "Submit."

9. Click "Upload Valid Documentation" and then "Next."

Receipt / Documentation * Required

Receipt(s) * Upload Valid Documentation

Summary

Pay From	Lifestyle Spending Account 01/01/2024-12/31/2024 (1/1/2024 - 12/31/2024)
Pay To	Someone Else

Cancel Previous Next

10. Click "Browse for a file" or "Select an image," select the file containing your receipt, and click "Open" and then "Submit."

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

Upload Receipt(s) ✕

Upload options

- [Browse for a file](#) on your computer.
- [Select an image](#) from your receipt organizer.

Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number of uploaded receipts is 4.

11. Click "Next."

12. Complete the required fields under Claim Details and then click "Next."

13. Review your transaction summary. If changes are needed, click "Update."

14. Review the Claims Terms and Conditions and check the box indicating you have read, understand, and agree to them. Then click "Submit."

Notes

- A confirmation message will appear to verify the claim was successfully submitted. Your documentation will be processed within two business days.
- You will be notified if further documentation is needed. If you have an email address on file, you will be notified via email. Otherwise, you will be notified by mail. Allow 2-8 business days for mailing time.

You can view this article at:

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