


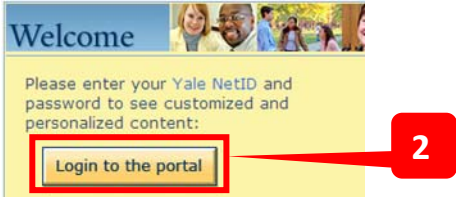
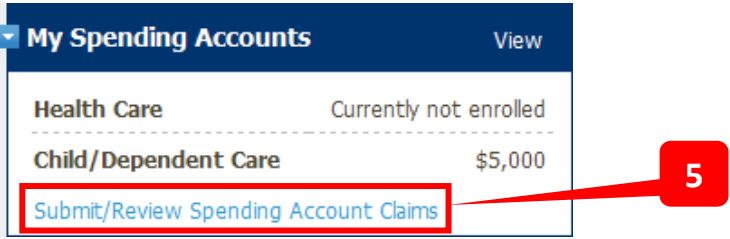
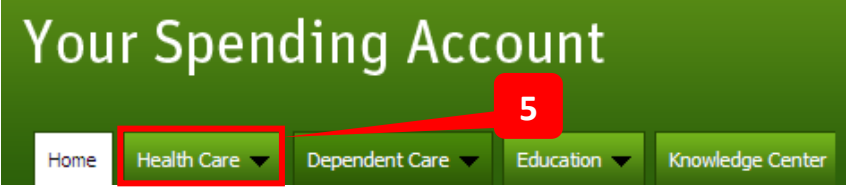
Submit a Claim for Health Related Expenses

IMPORTANT

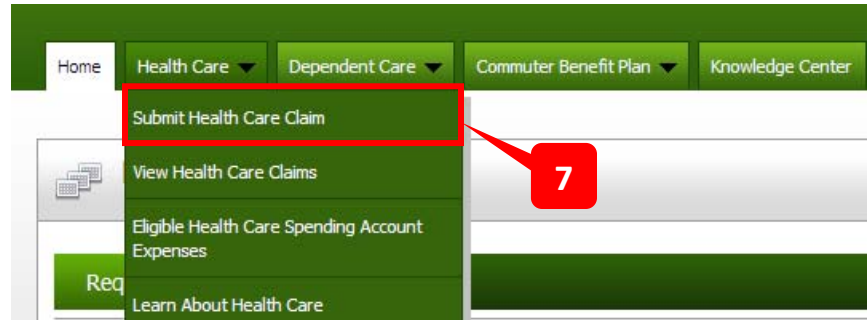
If you have [general questions](#) about Flexible Spending Accounts, please visit the [Flexible Spending Account](#) web page.

1. Open an internet browser and type in the following address to access the portal:
www.yale.edu/portal.
2. Click **Login to the portal**, then log in using your NetID and password.
3. Click **My Benefits** on the upper right side of the screen.
4. In the "My Spending Accounts" box on the left side of the screen, click **Submit/Review Spending Account Claims**.
5. Click on the **Health Care** tab at the top of the screen.
6. Click **Submit Health Care Claim** in the drop-down menu that appears.
7. Enter the **Type of Service, Date of Service, Service Provider, Patient name,** and the **Requested Amount** in the boxes provided.
8. Click **Add New Expense** to submit an additional expense for reimbursement.
9. Click **Continue**.
10. Review the claim.
If the information is accurate, click **Continue** and proceed to step 11.
If changes are needed, click **Make Changes**. Once complete, return to step 9.
To discard the Dependent Care claim, click **Cancel**.
11. Click **Submit Claim**.
12. Click **Print**. Please follow the directions on the Cover Sheet, sign and date the Cover Sheet and include all required documentation with the Cover Sheet when you fax or mail your Health Care claim.

ILLUSTRATED INSTRUCTIONS BEGIN ON THE NEXT PAGE

<p>1 Open an internet browser and type in the following address to access the portal:</p> <p>www.yale.edu/portal</p>	
<p>2 Click Login to the portal, and log in with your NetID and password.</p>	
<p>3 Click My Benefits on the upper right hand corner of the Portal.</p> <p>4 Faculty will see a different menu pane.</p>	
<p>5 In the My Spending Accounts box, click Submit/Review Spending Account Claims.</p>	
<p>6 Click the Health Care tab.</p>	

- 7** Click **Submit Health Care Claim**.



- 8** Enter the **Type of Service, Date of Service, Service Provider, Patient name, and the Requested Amount** in the boxes provided.

- 9** Click **Add New Expense** to submit an additional expense for reimbursement.

- 10** Click **Continue**.

Submit Health Care Claim

A screenshot of the 'Submit Health Care Claim' form. The form has a progress bar at the top with four steps: 'Enter Expenses' (highlighted in orange), 'Review Expenses', 'Send Documents', and 'Complete'. Below the progress bar, the title 'Enter Expenses' is displayed, followed by the instruction: 'You can enter up to 8 expenses. Choose **Add New Expense** if you have more expenses to enter.' The form contains a section for 'Expense 1' with the following fields: 'Type of Service' (a dropdown menu with '-- Choose One --'), 'Date of Service' (a date input field with a calendar icon), 'Service Provider' (a text input field), 'Patient' (a text input field), and 'Requested Amount' (a text input field with a dollar sign). A red box highlights the 'Type of Service' dropdown, with a red callout bubble containing the number '8'. Below the 'Expense 1' section is a 'Total Requested Amount' field, with a red callout bubble containing the number '9'. At the bottom of the form, there are two buttons: 'Add New Expense' (with a plus icon) and 'Continue' (green), with a red callout bubble containing the number '10' pointing to the 'Add New Expense' button. A 'Cancel' button is also present.

<p>11 Review the claim.</p> <p>If the information is accurate, click Continue and proceed to step 12.</p> <p>If changes are needed, click Make Changes. Once complete, return to step 10.</p> <p>If you would like to discard the Health Care claim, click Cancel.</p>	<h3>Submit Health Care Claim</h3>
<p>12 Click Submit Claim.</p>	<h3>Fax or Mail Documents</h3> <p>To send receipts or documentation for expenses by fax or mail:</p> <ol style="list-style-type: none"> 1. Choose Submit Claim below to create a cover sheet, which will open in a secondary window. 2. Print the cover sheet and include it with your documents when you send them. <p>Note: By creating and sending the cover sheet by fax or mail, you certify that any expense paid through the account hasn't been reimbursed, and you agree not to seek reimbursement from your insurance plan for any expenses that are paid by the account.</p>
<p>13 Click Print.</p>	<h3>To have your claim processed:</h3> <ol style="list-style-type: none"> 1. Print this page. 2. Sign and date this printed page before you send it. 3. Send this page by fax or mail with your receipts or other documentation. <p>Don't mark this bar code. It doesn't contain any personal information, and is necessary to speed up processing.</p> <p>13</p> <p>After your documentation has been received, your claim will typically be processed within 10 days. Your claim will be denied if receipts or other documentation aren't received.</p>
<p>Please follow the directions on the Cover Sheet, sign and date the Cover Sheet and include all required documentation with the Cover Sheet when you fax or mail your Health Care claim.</p>	