

Claim & Card Use Verification Documentation Checklist

MAKE SURE YOUR CLAIM IS APPROVED BY FOLLOWING THESE SIMPLE STEPS

The #1 reason a claim, a payment request or a Card Use Verification is not approved is because of illegible or incomplete documentation. Use this documentation checklist and submission tips to ensure your request is processed promptly.

DOCUMENTATION CHECKLIST

All documentation MUST include these five key pieces of information:

- Provider's Name – Facility name or person who provided the service, or if a purchase, where item was purchased (i.e. hospital, doctor, pharmacy).
- Service Date(s) – Date services occurred or date item was purchased.
- Patient's Name* - Person who received the service or whom the item is for.
- Type of Service – Detailed description of the service provided or item purchased.
- Amount Billed – The amount charged for services or product and/or the portion not reimbursed by your insurance carrier.

HELPFUL TIPS FOR SUBMITTING DOCUMENTATION

- Use your Explanation of Benefits (EOBs), especially if your insurance paid a portion of the expense.
- Make sure documentation is legible; check that it isn't too dark or light and that information is not cut off.
- Do not use highlighters on documentation.
- Handwritten documentation must include stamped provider information.
- Do not send carbon copies or cancelled checks, they typically do not include all five key pieces of information.

HOW TO SUBMIT CLAIMS/DOCUMENTATION

- Online – log in to your account at www.healthequity.com.
- EZ Receipts smartphone app – use this free app to take photos of receipts and upload.
- Please refer to your Health Care or Dependent Care claim form, or Card Use Verification form for the correct fax number or mailing address to submit your form to. Forms are available when you log in to your account at www.healthequity.com.

In order to ensure that you are receiving timely notification regarding your claims and card use verifications, please confirm that we have your correct email address on file. Log in to your account at www.healthequity.com to verify your contact information and review important information. Refer to the tables below for timing of messages you'll receive as well as processing times.

CLAIMS PROCESSING EMAIL NOTIFICATION

Event	Sent	Message
Claim Received	Within 1-2 business days of receipt of claim.	Claim has been received and review has started.
Claim Processed	Within 1-2 business days of receipt of claim.	Review of claim is complete. You can log in to your account at www.healthequity.com to view claim status. [†]
Claim Payment	Within 1-2 business days of claim review approval or when new funds become available.	Payment has been issued.

CARD USE VERIFICATION NOTIFICATION AND SUSPENSION

Event	Sent	Message
Notification that Card Use Verification is needed.	5 (or 20) days after the purchase date and once or twice a month thereafter.	Documentation is needed to verify the card payment was for an eligible expense.
Confirmation Card Use Verification has been received.	Within 1-2 business days of receipt of Card Use Documentation.	Card documentation to verify that the card payment expense was eligible is received.
Card Use Verification processed	Within 1-2 business days of receipt of Card Use Documentation.	Status of documentation submission (Card Verification Form.) You can log in to your account at www.healthequity.com to view status. [†]
Final notification that documentation needed and your Card will be suspended.	If Card is suspended.	Notice that Card has been suspended.
Release of Card suspension.	2-3 business days AFTER Card verification has been approved.	Card reinstated for use.

* Requests for over-the-counter (OTC) medicines do not require the patient's name. As of March 27, 2020, OTC medications and drugs no longer require a prescription. OTC medications and drugs include cold medicines, anti-inflammatories, menstrual care products and many other items. This change is retroactive to January 1, 2020 and has no expiration date. Any claims for reimbursement of OTC medicine prior to January 1, 2020 still require a prescription.

[†] If receipt of claim/Card Use Verification and processing start on the same day, you may only receive one email.