

# How to Upload a Debit Card Receipt from MyFlexOnline



Listed below are instructions to upload a receipt for debit card use verification from MyFlexOnline (MFO).

1. Log into MFO and select **Click here to review**. (Note: This will only apply if a participant has a transaction that needs receipt verification).

MyFlexOnline

View Account Request Payment Flex Debit Card User Info Contact Us Help

Account Summary Pending Payments Completed Payments Rejected Card Swipes

**Account Summary**

Welcome

Benefit Account	Available Balance Current Year	Available Balance Previous Year	Account Details	Qualified Expenses
FSA - Health	\$1,929.92	\$1,999.92	<a href="#">VIEW</a>	<a href="#">View List</a>

**You have debit card payments that must be reviewed.**  
[Click here to review.](#)

View my statement

Get Adobe Reader

Both Years  
Current Year  
Previous Year

2. To review your card payments, select the check box under **Add to Form** or choose **Select All**. Then, select Upload Receipts.

**Review Card Payments**

IRS guidelines require that you submit copies of receipts for certain debit card payments that we must verify. If your card paid for items that were not qualified, you must repay the Amount You Owe from your personal funds. A service charge of \$0.00 will be deducted from your flex account each time your card purchase contains any non-qualified items.

The closest deadline for submission of your receipts is 1/5/2013. If this deadline is missed, your debit card will be suspended.

**Step 1:** Select items for which you will provide receipts:

[SELECT ALL](#)

Claim ID	Date	Description	Amount	Deadline to Verify	Add To Form
13803123	10/15/12	MEDF	\$20.00	01/05/13	<input checked="" type="checkbox"/>
13941180	10/29/12	MEDF	\$20.00	01/05/13	<input checked="" type="checkbox"/>

**Step 2:** You may either upload your receipts or print a form, attach copies of your receipts, and fax or mail the form and receipts to your plan service provider.

[Upload Receipts](#) OR [Print Form to Fax or Mail](#)

3. Review the instructions below and select **Upload Receipts Now**.

**Upload Your Receipt**

Use the following instructions to verify a card transaction:

1. Make sure each receipt contains the following:
  - Service date
  - Description of service
  - Name of person receiving the service (when available)
  - Name of provider
  - Amount (patient financial responsibility)
2. Do one or both of the following to save an electronic version of the receipt to your computer:
  - Save an Explanation of Benefits (EOB) document from your health plan's Web site.
  - Scan a paper receipt and save it in TIF, TIFF, JPG, JPEG, GIF, BMP, PNG or PDF format.

You may upload up to 18 files to complete your claim.

Each file must total no more than 5 MB(5,120 KB) If necessary, you can compress the file.

3. Click **Upload Receipt Now**, and then select one or more files to upload. You can upload more receipts later as necessary.
4. Return to this Web site to review the status of the claim and payment.

**You must submit a receipt to complete this claim.**

The next page contains instructions about how to submit a receipt. Verification of the receipt is possible only if you have submitted it by the plan's submission deadline.

**Upload Receipts Now** ▶

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Current as of 11/8/2012 12:25:08 PM

4. Select **Browse** to locate the receipt(s) from your computer.
5. Next, find the receipt(s) that you wish to upload. Click on **Upload File** to begin the upload process.

**Upload Your Receipt**

CUV Transaction Number	Claim ID	Claim Type	Date	Description	Amount	Deadline to Verify
1.	13426357	DENFEE	08/31/12	[REDACTED]	\$314.00	11/05/12 <a href="#">Remove</a>
2.	13480357	DENFEE	09/09/12	[REDACTED]	\$412.00	12/05/12 <a href="#">Remove</a>
3.	13941181	VISFEE	10/29/12	[REDACTED]	\$104.00	01/05/13 <a href="#">Remove</a>

You must submit a valid proof of service for the claim, for example an itemized bill or Explanation of Benefits (EOB) document. It must contain:

- Service date
- Description of service
- Provider name
- Amount
- The name of the person receiving care.

Click **Submit Receipts for This Claim** after you have uploaded all relevant receipts.

**Maximum size:** 5 MB (5,120 KB) per file. You may upload up to 18 files.  
**Allowed file types:** TIF, TIFF, JPG, JPEG, GIF, BMP, PNG or PDF.

- To submit your transaction for processing, select **Submit Receipts for this Claim**. When you submit your receipt, you are attesting to the fact the information submitted is accurate and complete (see the **Certification and Authorization** below).

**Uploaded Receipt Files for this Claim**

1.	RECEIPT1.pdf	65.8 KB	<a href="#">Delete</a>
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▶
**Submit Receipts for this Claim**

**CERTIFICATION AND AUTHORIZATION**

I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have not been previously reimbursed for these expenses and I will not seek reimbursement of these expenses from any other plan or party. In addition, the expenses for which reimbursement is sought will not be claimed as tax deductions on my personal tax return. I understand that if an expense is determined to be ineligible, I am responsible for reimbursing the plan(s) for any such expense or for payment of all related income taxes on amounts paid from the plan(s) which relate to such expense. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans. If I am requesting reimbursement for work-related dependent care expenses incurred for care provided by a valid dependent care provider to an eligible dependent (for children under the age of 13 or other dependents that are physically or mentally incapable of taking care of themselves) it was while I was a participant in the plan. If I am requesting reimbursement for transit or parking benefits, these are my own personal expenses and all expenses for which reimbursement is claimed were incurred for parking at or near the business premises of my employer, or near a location from which I commute to work, and/or for regular daily direct commute from home to work and return. If no receipt is provided for commuter expenses, this service provider does not provide receipts (such as payments made by token/ticket machine, meter or cash box). If this is a Public Transportation expense, then the pass for this service in this amount is not available for purchase from my employer or plan service provider. This certification also applies to any Flex Debit Card payments where receipts are submitted for verification.

- After submitting the claim, you will receive an Internet Claim Entry number for your records. To view a listing of your pending payments, click on [here](#).

**MyFlexOnline**

View Account	Request Payment	Flex Debit Card	User Info	Contact Us	Help
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Create Claim	Filing Help	Qualified Expenses
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Form #4829284 has been created.  
Click [here](#) to view your Pending Payments and print a copy of your submission.