

Infinisource provides all Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) participants with an online portal that provides anytime access to view and manage account information. One of the many features available online is the capability to file a claim and upload any documentation to accompany the claim.

To file a claim and upload documentation, follow these steps:

Navigate to the [Infinisource login page](#).

For security purposes, it is important for you to login to setup your Username and Password. Infinisource provides you with a 120-day timeframe to access your account to assist with the security of your account. If you access your account after the 120-day timeframe, you will need to contact Infinisource to receive a temporary password.

Enter your Username and Password. First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password.

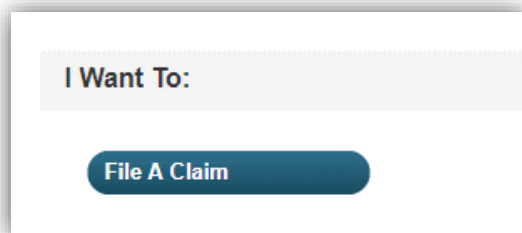
**Note:** If you are using Internet Explorer 11 and have difficulty with processing a claim online, turn off your compatibility mode. Please follow these instructions if you are unaware of how to make that change to your browser.

### Internet Explorer 11

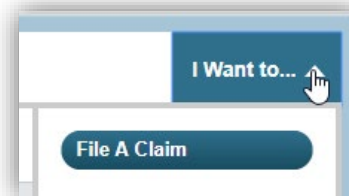
1. Navigate in Internet Explorer to the site you are trying to access.
2. Press the **Alt** key to display the menu bar.
3. Click the **Tools** menu and choose **Compatibility View Settings**.
4. In the *Add this website* field, you will see the domain (the last part of the website address).
5. Click **Add**.

Result: the domain appears in the list of websites you've added to compatibility view.

On the Home page, click **File a Claim**.



Or from any of the other tabs, click on the "I Want to..." drop down on the right of the menu items



In the **Pay From** drop-down menu, choose the account type.

**Accounts / File A Claim**

**Create Reimbursement**

Online claims filing is a fast and easy way to file claims. Just click the "File Claim" button next to the account you wish to use and start filing!

**Pay From \*** Select an account...

**Pay To \*** Select an account...

\* Required

Cancel Next

**Accounts / File A Claim**

**Create Reimbursement**

Online claims filing is a fast and easy way to file claims. Just click the "File Claim" button next to the account you wish to use and start filing!

**Pay From \*** Medical

**Pay To \* ⓘ** Select a Payee...

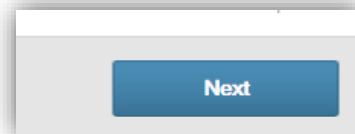
Based on your selection, you will see the following accounts:

Me  
Someone Else

Select a payee from the **Pay To** drop-down menu.

If the payee is not listed, select **Someone Else**.

Click **Next** once you have chosen the *Pay From* and *Pay To*.



**Accounts / File A Claim**

**Payee Details**

Add a New Payee  
 Select a Saved Payee

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

**For** Farrah  
When appropriate, provide the name of the person who received service.

**Account Number \*** 456789  
Enter the account number that the payee uses to identify the service or recipient.

**Payee Address \***

100 Any St  
Ste 100  
Address Line 3  
Hudson  
Wisconsin 54015  
Enter the address of physician, hospital, etc. who provided the service.  
 Save new payee information

**Summary**

**From** Medical

**To** Someone Else

Cancel Previous Next

When you select *Someone Else*, the next screen will be for you to set up a new payee in the system.

Complete all required fields and click **Next**.

**Accounts / File A Claim**

**Receipt / Documentation**

Receipt(s) ? [Upload Valid Documentation](#)

**Summary**

Pay From: Medical

Pay To: Me

Upload your receipt.

**Upload Receipt(s)** ✕

Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB  
Add Another Receipt

When uploading a receipt it must be in .doc, PDF, bmp or gif format and must not exceed 2 MB.

Home Accounts Profile Statements & Notifications Tools & Support Dashboard I Want to... ▾

**Accounts / File A Claim**

Available Balance ?

HSA 15  
Cash Account \$5,879.92  
Investment Account \$0.00  
Vision Dental FSA 15 \$2,476.50  
Vision HRA 15 \$1,665.14

**Plan Filing Rules**  
01/01/2015 - 12/31/2015  
Vision Dental FSA 15  
Vision HRA 15

**Receipt / Documentation**

Receipt(s) ? [Upload Valid Documentation](#)  
EOB\_02-04-2011.pdf [Remove Receipt](#)  
[View Receipt\(s\)](#)

**Summary**

Pay From: Medical  
Pay To: Me

\* Required

Enter your claim information on the form that appears (fields with an asterisk "\*" are required fields).

- Start Date of Service
- End Date of Service
- Amount
- Provider
- Category
- Type
- Recipient

**Accounts / File A Claim**

**Claim Details**

Start Date of Service \* 6/5/2015

End Date of Service 6/5/2015

Amount \* \$ 30.00

Provider \* Dr. Jones

Category \* ? Select a category...

Type \* Select a category...  
Capital Expenses  
Dental  
Drugs & Medicine  
Hearing Impairment  
Medical Expenses  
Mental Health, Chemical Dependency & Special Education  
Miscellaneous  
Drugs; you must provide a description.

Description

Category \* Medical Expenses

Type \* Select a type...

Description

- Crutches
- Diagnostic Devices
- Fertility Enhancement
- Health Institute
- Hospital Services
- Laboratory Fees
- Medical Copay
- Medical Deductible

Recipient \*  Mary Company

Recipient \*  Farrah Bolt  John Bolt  Lightming Bolt

Did You Drive To Receive This Product/Service? \*  Yes  No

If the recipient is not listed, click on **Add Dependent**.

Fill out the dependent information, click on **Submit**. Required fields are marked with an asterisk "\*".

Add Dependent

Dependent Information

Name \*  MI

Last Name

SSN  -  -

Birth Date \*  mm/dd/yyyy

Gender \*  Male  Female

Full Time Student \*  Yes  No

Relationship \* Select a relationship...

Dependents added will be enrolled in the medical and dependent care plans in which you are enrolled. Please contact your administrator to enroll a dependent in an HRA plan. \*Required

Once all of the required fields are completed, click **Next**.

The next page is a Transaction Summary of your claim. Review the information to make sure everything is accurate. You can either remove or update if necessary.

Accounts / Transaction Summary

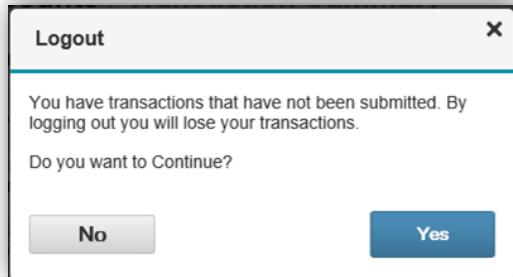
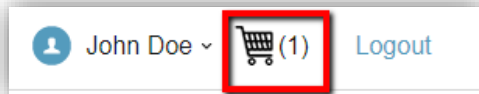
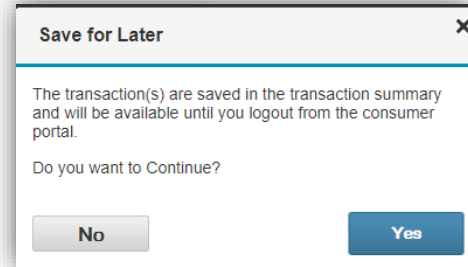
Transaction Summary (1)

From	To Expense	Amount	Approved Amount	
Health Reimbursement Me	Medical Deductible	\$1.00	\$1.00	<input type="button" value="Remove"/> <input type="button" value="Update"/>
Total Amount		\$1.00	\$1.00	

You can either click on **Submit**, you can **Save for Later** or **Add Another** claim.



If you save for later, you will see the claim as saved on your Home page.



If you log out prior to submitting your saved claim, you will receive the following prompt.

**Note:** If you see Receipts Needed link in the Message Center section of your Home Page, click on it. A listing of the claims requiring receipts will appear.

Remember, you can now **go mobile** by using your smart phone to access:

- FSA Account balances
- Submit claims for reimbursement
- Send receipts using a mobile device's camera
- Configure alerts via text message

Easily check information now using an iPhone, iPod Touch, iPad or Android-powered device.

