

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 30-day timeframe to access your account to assist with the security of your account. If you access your account after the 30-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.

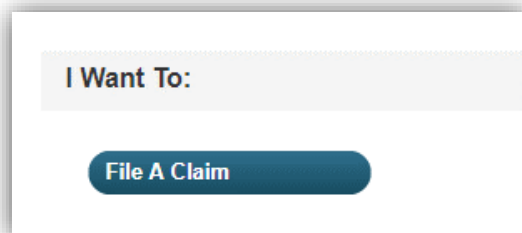
Note: If you are using Internet Explorer 11 and have difficulty with processing a claim online, turn off your compatibility mode. Please follow these instructions if you are unaware of how to make that change to your browser.

Internet Explorer 11

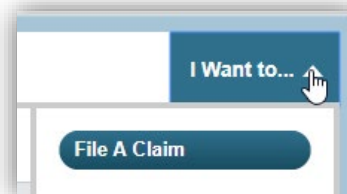
1. Navigate in Internet Explorer to the site you are trying to access.
2. Press the **Alt** key to display the menu bar.
3. Click the **Tools** menu and choose **Compatibility View Settings**.
4. In the *Add this website* field, you will see the domain (the last part of the website address).
5. Click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



How to File a Claim

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:

Select a Payee...
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*.

Next

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

Available Balance

HSA 15
Cash Account \$5,879.92
Investment Account \$0.00
Vision Dental FSA 15 \$2,454.50
Vision HRA 15 \$1,665.14

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

Accounts / File A Claim

Payee Details

Payee *
☐ Add a New Payee
☐ Select a Saved Payee

Payee Name *
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)

[Browse...](#) [Remove](#)

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

[Add Another Receipt](#)

[Cancel](#) [Submit](#)

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

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

[Cancel](#) [Previous](#) [Next](#)

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...](#)

Description

Capital Expenses

Dental

Drugs & Medicine

Hearing Impairment

Medical Expenses

Mental Health, Chemical Dependency & Special Education

Miscellaneous

Drugs; you must provide a description.

How to File a Claim

Category * Medical Expenses

Type * Select a type...

Description

Recipient * Medical Copay

☐ Mary Company

Recipient * ☐ Farrah Bolt
☐ John Bolt
☐ Lightning Bolt

[Add Dependent](#)

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 "*".

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

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

[Cancel](#) [Submit](#)

[Cancel](#) [Previous](#) [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)

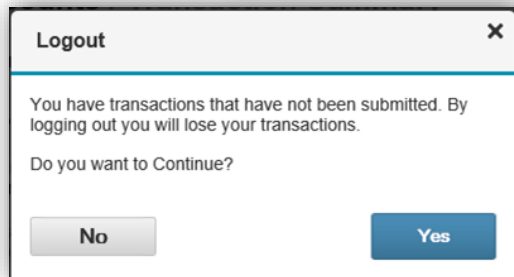
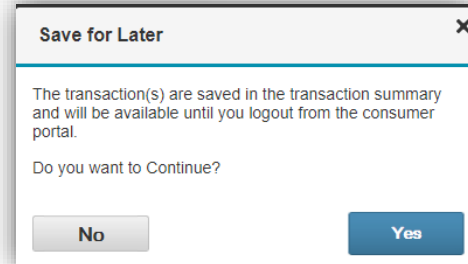
From	To Expense	Amount	Approved Amount	
Health Reimbursement Me	Medical Deductible	\$1.00	\$1.00	Remove Update
Total Amount		\$1.00	\$1.00	

[Cancel](#) [Save for Later](#) [Add Another](#) [Submit](#)

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.

