

Claims Kit



FlexToday offers several options for creating and sending your claims.

Create your claims online (www.FlexToday.com Employee Login)

To create your claim online, log into your account, click on Submit a Claim in the right-hand side of the page and follow the instructions. *We suggest that you scan your documentation before starting your claim and limit each claim to 10 lines to prevent "time out" errors.* Once you have created your claim, you will have the option to upload your scanned documentation to complete your claim. Your upload can contain up to 18 files, 5MB (5,120kb) in file types TIF, TIFF, JPG, JPEG, GIF, BMP, PNG or PDF. You can also print out the claim form, sign and date as indicated, and send the paper claim (sign and date the form) and your supporting documentation by fax, by mail or you can scan and upload to the Secure Claims Portal. Your claim is not considered a valid claim until you complete the claim, upload your documentation and you click "submit" and get a confirmation or send your claim by fax or mail.

Create your claim on your cell phone (MyFlex Application)

You can use the MyFlex App on your smartphone to check your balances snap a picture of your bills or receipts to send us claims claim. Its fast, easy and available for free on iTunes and Google's Play Store. You can log into your account using the same user name and password that you use on the MyFlexOnline.com system.

Scan and Post your Claim form and documentation on the Secure Claims Portal

To protect your privacy, we do not accept claims by email. The Secure Claims Portal is an encrypted one-way web drop box and it's easy, fast and secure. Just scan your completed (signed and dated) claim form and supporting documentation to a single file in the Adobe Acrobat format. Then go to www.FlexToday.com and click the Claims Portal link and upload your documents. Unidentified files and files sent in a format other than Adobe Acrobat or a recognized "picture" format (TIF, TIFF, JPG, JPEG, GIF, BMP, PNG or PDF format) may not be considered a valid claim. Files sent by email and/or in executable formats (i.e. .exe, .zip, .eml, .doc, docx, .xls, .xlsx, .com, .html and .vbs) will be deleted without notice or confirmation.

We also accept claims by fax and "Snail Mail":

FAX 1-888-207-2310

MAIL	FlexToday, Inc. PO Box 16099 Fresno, CA 93755	OR	FlexToday, Inc. 191 W Shaw Ave Ste 101 Fresno, CA 93704
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"Manual" claim forms are available (click on the names below)

These links will take you to the Adobe Acrobat claim form from our www.FlexToday.com website:

[Medical Claims](#) [Recurring Orthodontia](#) [Medical Necessity LMN](#) [Dependent "Day Care"](#) [Recurring "Day Care"](#)

For specific information about your benefit plan, including the claims filing deadlines and other important information such as the eligibility requirements, the available benefits and the claims procedures, please refer to the Summary Plan Description which is available from your employer.

Keep copies of all claims and documentation for your personal records (we do not return claim/copies).

Claims Turnaround and Confirmations

Generally, claims received on regular business days by 9am Pacific are confirmed by email that day. Please add FlexTodayMail@FlexTodayMail.com and Claims@FlexToday.com to your email address book to ensure prompt delivery of these notices. If the claim is still pending under "Claims & Payments" "View Pending Claims" of your myflexonline.com account for 2 or more business days, there's a problem and you should resend send the claim by fax, mail or scan an upload to the Claims Portal.

Claims Documentation

To be reimbursed from your account, create your claim and send it with the documentation of your expenses. Documentation can be copies of Explanation of Benefits (EOB) forms or detailed bills from your care provider. Check copies, "payments on account", and "prior balance" bills are not sufficient. You can only be reimbursed for expenses you owe and will not be paid by your insurance or any other benefit plan.

When to file claims

Your eligible expenses must be incurred in the Plan Year during your "period of coverage" (while you are an eligible, active participant) in the benefits you have elected. An expense is "incurred" when you receive the service, not when you pay the bill. If you terminate employment or participation during the year, you should submit your claims immediately. As a general rule, your eligibility for expenses will end with your termination and most plans require that any claims must be submitted within 60-90 days of the termination, possibly less.

Medical Related Claims

[Medical Claim Form](#)

To be reimbursed from your account, you will need to provide "independent, third-party" documentation of the expenses. That can be copies of Explanation of Benefits (EOB) forms from your health plan or detailed bills which include: the name and address of the Provider; the Patient's name; the date of the services; the nature of the services provided; and, the cost of the services provided. The documentation must be imprinted or have the provider's address stamp. "Generic" bill, receipts, check copies, "payments on account", and "prior balance" bills are not usually sufficient. Cash register receipts may be sufficient but the date and the name of the store must be imprinted and the name/nature of the item purchased must be clearly identified.

Dependent "Day Care" Claims

["Day Care" Claim Form](#)

To be reimbursed from your DCAP account, you will need to provide documentation of the expenses, such as a bill or receipt from your day care provider. Check copies are not sufficient.

Dependent "Day Care" Recurring Claims

[Recurring "Day Care" Claim Form](#)

If you pay your provider the same amount week after week or month after month, you can reduce your paperwork by using the [Recurring "Day Care"](#) claim form. A recurring claim can be in effect for up to 12 months or the remainder of the calendar year, whichever is less.

Pay My Provider Claims – New August 2016

If available with the service option chosen by your employer, you may be able to have claims paid directly to your provider. You'll find this option, if available, in the Submit A Claim function on MyFlexOnline.com. In Step 2 of Submit a Claim, Pay My Provider will be seen next to Pay me. If you choose Pay My Provider, we will ask you for the name and address of the provider as well as the providers invoice and account number. As usual, you will need to provide "independent, third-party" documentation of the expense such as a detailed bill or an Explanation of Benefits (EOB) forms from your health plan. The payment will be sent to your provider and you'll get an email confirming that the payment was sent. If you click on the Plus sign next to the service date in your Claim Activity page, you'll see the check number, the date of the payment and confirmation of the amount that was paid directly to your provider.