FSA & HRA Claim Submissions
Now Available on MedBen Access!

MedBen® Access

Change my Preferences
Logout
Select Group/Account

| My Plan | Claims | Accumulators | ID Card | MedBen WellLiving | My FSA/HRA | Rx Claims | Requests | Contact Us |

FSA Claim Submission

Please Enter the Following Information for the claim you are submitting

| Service From (mm/dd/yyyy) | Service To (Optional) (mm/dd/yyyy) | Patient | Relationship | Type | Amount |
| | | | Choose Relationship ∨ | Choose Claim Type ∨ | $ |

Please select an image (JPEG / PNG) or PDF file of your supporting documentation to upload:

Choose File   No file chosen

After choosing your file please click the "Upload" button to queue the file.

Upload

Participant ID:

Date:

By entering your participant ID, the current date and checking this box, you have digitally signed this form. ☐

Please select type of FSA/HSA Request

Choose Request ∨

Choose Request
FSA Debit Card
FSA Reimbursement
FSA Dependent Care
HRA Reimbursement

You can now upload and submit an image or PDF of your **MedBen FSA and HRA substantiation receipts** on the desktop version of MedBen Access!

To submit substantiation receipts, simply:

1. Go to **MedBen.com** and select "MedBen Access," then log in.

2. Hover over "My FSA/HRA" on the top menu and select "FSA/HRA Claim Submission."

3. Select the type of FSA/HRA request from the drop-down box *(see inset image)*.

4. Follow the instructions to submit your receipt to MedBen for reimbursement from your FSA or HRA.

Forms of substantiation include provider bills or receipts, prescription receipts, explanation of benefits (EOB) statements, and certain store receipts. Please review the list on the Submission Upload page for additional details.

If you have any questions, call MedBen FSA/HRA Customer Service at (800) 297-1829.

DOWNLOAD OUR APP

Available on the App Store   GET IT ON Google Play

Search "MedBen"

or Scan QR Code
(works for both iPhone and Android)

Call Us
(800) 297-1829

Follow Us

Visit Us
MedBen.com

MedBen®
health. benefits.