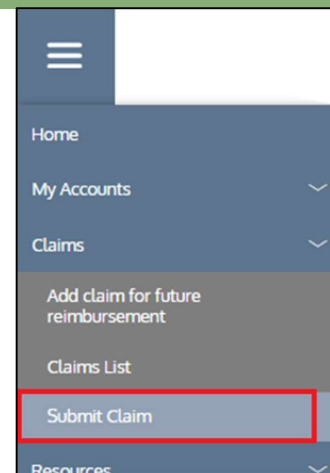
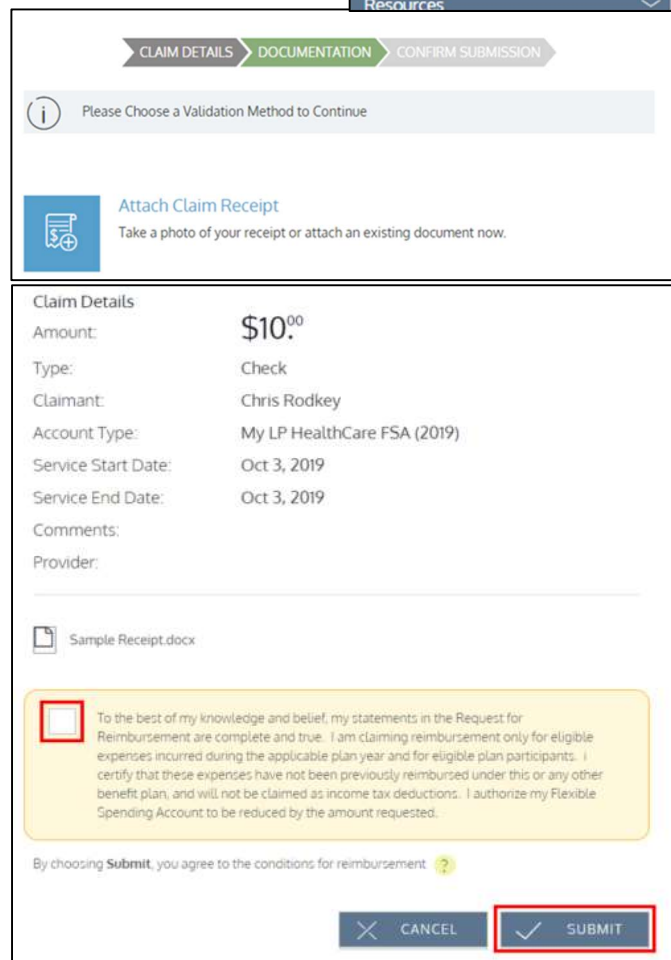


Instructions for Online Claims Submission

In order to use this feature, you must be registered with My SmartCare. If you do not have an account, simply go to <https://benefitcc.wealthcareportal.com/Page/Home> and click REGISTER. When creating your account, use your Social Security Number as your Employee ID and use your Benefits Debit Card Number as your Registration ID. You can also register though the My SmartCare mobile app.

- Click your MENU icon at the top left corner of your screen.
- Click CLAIMS to expand the menu, and then click SUBMIT CLAIM.
- The CLAIM DETAILS screen will appear. Complete as much of the electronic form as possible.
 - All required fields are marked with (*).
 - Use the COMMENTS section to provide any additional information on your claim that was not included in the form, but that may be helpful for processing purposes.
- Click NEXT.
- The DOCUMENTATION screen will appear. Click ATTACH CLAIM RECEIPT to upload a copy of your receipt (or other documentation) into your claim
 - Uploaded files must be the following types: .pdf, .jpg, .jpeg, .gif, .png, .tif, .tiff, .xls, .xlsx, .doc, .docx
 - If you do not have any receipts for your claim, it will likely be denied due to lack of substantiation.
- Click NEXT.
- A CONFIRM SUBMISSION screen will appear for you to review your claim details for accuracy.
- Read the important message in the yellow agreement and acknowledgement box. Check the box if you agree.
- Click SUBMIT.
- A THANK YOU message will appear once your claim has been successfully submitted to BCC for processing.

CLAIM DETAILS DOCUMENTATION CONFIRM SUBMISSION

Please Choose a Validation Method to Continue

Attach Claim Receipt
Take a photo of your receipt or attach an existing document now.

Claim Details

Amount:	\$10. ⁰⁰
Type:	Check
Claimant:	Chris Rodkey
Account Type:	My LP HealthCare FSA (2019)
Service Start Date:	Oct 3, 2019
Service End Date:	Oct 3, 2019
Comments:	
Provider:	

Sample Receipt.docx

☐ To the best of my knowledge and belief, my statements in the Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan, and will not be claimed as income tax deductions. I authorize my Flexible Spending Account to be reduced by the amount requested.

By choosing **Submit**, you agree to the conditions for reimbursement ?

CANCEL **SUBMIT**