

# HOW TO SUBMIT AN FSA CLAIM TO HealthEquity

*Member portal, EZ Receipts mobile app, and Mail or Fax*

Log in to the appropriate application through which you wish to submit your claims, either the HealthEquity member portal through Employee Self-Service or your EZ Receipts mobile app on your smartphone.

## EZ RECEIPTS APP

- Log in to your online member portal at <https://hris.uiowa.edu/fsa-account>.
- On the HealthEquity dashboard, select your initials in the upper right. Select the "Profile" link, and a "Modify profile" box will appear. Select the link of the account you wish to make changes.
- On the left, select button labeled "USERNAME & PASSWORD"
- Create a new username and password. (not your HawkID and password.) The separate username/password will be used to log in to the EZ Receipts app.

## ONLINE MEMBER PORTAL

- Visit: <https://hris.uiowa.edu>, log in with your HawkID and password.
- Once logged in, select the "Benefits & Wellness" button
- Under Flex Spending, select the link: "[HealthEquity Health and Dependent Care FSA](#)"
- Enter your hawkID and password again and complete your Duo Authentication.

### HealthEquity ID Code

For identity verification, you may need your 4-digit HealthEquity ID code when contacting customer service or logging into your member portal outside Employee Self-Service. Find this code in the Flex Spending section of Employee Self-Service under "HealthEquity ID Code."



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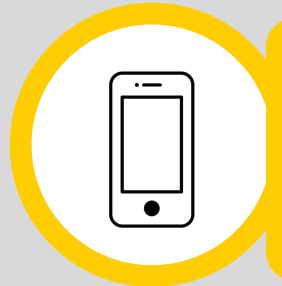
## MEMBER PORTAL - REIMBURSE ME

1. Reimburse Me. If you have two accounts, select either Healthcare or Dependent Care.
2. Select "Next" after reading the instructions.
3. Fill out your claim information: provider, service start/end date, and any remaining fields that require information.
4. Select "Next - No More Items for This Receipt" on the next screen, verify info is correct, and select "Submit Claim." Follow the prompts to attach documentation if needed.

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## MEMBER PORTAL - PAY PROVIDER

1. Pay Provider. If you have 2 accounts, select either Healthcare or Dependent Care.
2. Select either "Make One-Time Payment" or "Make Recurring Monthly Payments."
3. Enter the service start/end date, and select the "Next" button.
4. Enter claim information, and select "Next."
5. Select existing or add a new provider. Enter information and select "Next."
6. Review the information. If correct, select "Submit Claim", and continue to complete your claim.



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## EZ RECEIPTS MOBILE APP

1. Download and log in to the EZ Receipts app using the username/password you created.
2. Choose the receipt type from the menu.
3. Enter basic information about the claim or healthcare Card transaction.
4. You can use your mobile device camera to capture the documentation.
5. Submit the image and details to HealthEquity.



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## PAPER CLAIMS BY FAX OR MAIL

If you prefer to submit a claim by fax or mail, download a "Pay Me Back" claim form from your HealthEquity member portal. Under the "General Forms" link. Follow the instructions for submission.

FAX: 877-353-9236

US MAIL: CLAIMS ADMINISTRATOR  
PO BOX 14053  
LEXINGTON, KY 40512

HealthEquity has 24/7 customer service available to our members. For questions or technology issues, you may contact customer service by calling toll-free at 877-924-3967, begin an online chat from your portal, or visit the HealthEquity Contact Us webpage, <https://participant.wageworks.com/Help/Service.aspx> to review support articles

