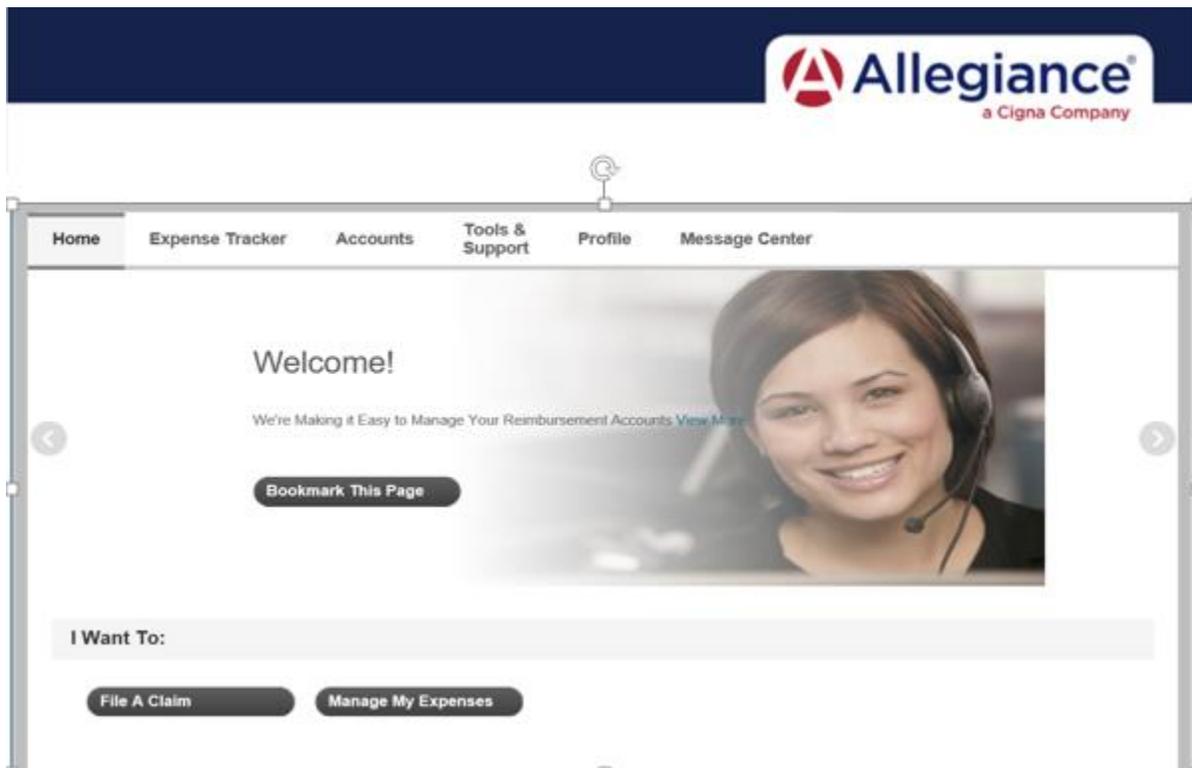


How To File A Claim Online

Login to your portal online at www.askallegiance.com by selecting the “Health/Flex Login.” Login using your username and password to bring up your Portal Home Page. The online portal is most compatible with Internet Explorer or Google Chrome. If you are using a mobile device, please access our mobile app, Allegiance Advantage. A guide to the mobile app is also available at www.askallegiance.com.



Then, from the Reimbursement Accounts Homepage, click “File A Claim.”

The screenshot shows the Reimbursement Accounts Homepage. At the top, there are navigation tabs: Home, Expense Tracker, Accounts, Tools & Support, Profile, and Message Center. Below the navigation is a large banner with a woman wearing a headset, saying "Welcome!" and "We're Making it Easy to Manage Your Reimbursement Accounts. View More". A "Bookmark This Page" button is also present. Under the "I Want To:" section, the "File A Claim" button is circled in red, and the "Manage My Expenses" button is next to it. Below this is the "Available Balance" section, which shows "Health FSA" with a balance of \$207.46 and "Dependent Care FSA" with a balance of \$0.00. The "Tasks" section shows two items: "1 repayment(s) totalling \$48.50 due for paid claims that were later denied" and "1 receipt(s) needed to approve your claims". The "Quick View" section contains two donut charts. The first chart, "Paid Claims By Category", shows Medical (\$504.00), Pharmacy (\$11.70), and Custom 0015 - Eligible Dependent Reimbursement Expense (\$2,800.00). The second chart, "Election Summary 2018 Plan Year", shows Health FSA (\$800.00) and Dependent Care FSA (\$5,000.00). A note at the bottom states: "*Represents all paid claims for the active plan year." There are also three dots at the bottom center of the quick view section.

On the next page, select the account you would like to pay from, and who you would like to pay.

(For Flexible Spending accounts, you will likely select “Me” and the reimbursement will go to you via your elected reimbursement method. Generally, your Flex Spending Account does not pay providers directly.)

Then, select “Next” on the bottom right of the screen.

The screenshot shows the Allegiance portal interface. At the top right is the Allegiance logo with the tagline "a Cigna Company". Below the logo, the user's name "George Washingto..." and "(0) Logout" are visible. The navigation menu includes "Home", "Accounts", "Profile", "Statements & Notifications", "Tools & Support", "Expense Tracker", and "I Want to...". The main content area is titled "Accounts / File A Claim" and contains a "Create Reimbursement" section. This section includes instructions: "Online claims filing is a fast and easy. Just click the 'File Claim' button next to the account you wish to use." Below the instructions are two dropdown menus: "Pay From *" with the text "Select an account..." and "Pay To *" with the text "Select a Payee...". Two yellow arrows point to these dropdown menus. At the bottom of the form are "Cancel" and "Next" buttons. The "Next" button is circled in red.

Next, click on the “Upload Valid Documentation” option in blue.

The screenshot shows the Allegiance portal interface. The navigation menu includes "Home", "Expense Tracker", "Accounts", "Tools & Support", "Statements & Notifications", "Profile", and "I Want to...". The main content area is titled "Accounts / File A Claim" and contains a "Receipt / Documentation" section. This section includes a "Receipt(s) *" label and a blue link "Upload Valid Documentation" which is circled in red. Below this is a "Summary" section with "Pay From" set to "Medical" and "Pay To" set to "Me". At the bottom of the form are "Cancel", "Previous", and "Next" buttons.

Select “Browse” to search for the file with your documentation on your computer.

For information about what type of documentation is needed to process and approve your claims, please refer to the “Acceptable Types of Documentation” information.

Upload Receipt(s) ✕

Browse... [Remove](#)

Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB
[Add Another Receipt](#)

You are only able to upload up to 2 MB per file and up to 4 files per claim submission. Files must be JPG, GIF, PNG, or PDF format.

Click "Submit" when all your required documentation for that claim has been selected.

Upload Receipt(s) ✕

C:\Users\Public\Pictures\Sample Pic **Browse...** [Remove](#)

C:\Users\Public\Pictures\Sample Pic **Browse...** [Remove](#)

C:\Users\Public\Pictures\Sample Pic **Browse...** [Remove](#)

C:\Users\Public\Pictures\Sample Pic **Browse...** [Remove](#)

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

Next, provide the requested information for this claim.

Enter the date that your service occurred. You may do so by entering the date (mm/dd/yyyy) or by using the calendar. If you are submitting multiple expenses in one claim, enter a date range. The very first date of service will be the “start date of service,” and you will enter the last date of service in the “end date of service”

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▾

Available Balance

- Health FSA \$2,540.00
- Daycare FSA \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

- Health FSA
- Daycare FSA

Accounts / File A Claim

Claim Details

Start Date of Service * 5/22/2015

End Date of Service 5/22/2015

Amount * \$ 100

Provider * Dr. Martin
! Provider Name is required.

Category * Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description Headache

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
 George Washington
 George Jr Washington
 Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service? * Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

Next, enter the **total** amount you would like to be reimbursed for this claim. This is likely going to be your **Out of pocket cost** or **patient responsibility**.

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▾

Accounts / File A Claim

Available Balance ⓘ

Health FSA ⓘ \$2,540.00

Daycare FSA ⓘ \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA

Daycare FSA

Claim Details

Start Date of Service * 6/22/2015 ⓘ

End Date of Service 6/22/2015 ⓘ

Amount * \$ 100

Provider * Dr. Martin
! Provider Name is required.

Category * ⓘ Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description Headache

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
 George Washington
 George Jr Washington
 Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service?* ⓘ Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

Next, you will enter the provider information for this claim. If you are submitting for multiple expenses in one claim, you may put “medical” or “various” if all of the expenses were for the same type of expense (all medical expenses or all daycare expenses, etc.).

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▾

Available Balance ⓘ

Health FSA ⓘ
\$2,540.00

Daycare FSA ⓘ
\$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA

Daycare FSA

Accounts / File A Claim

Claim Details

Start Date of Service * 6/22/2015 ⓘ

End Date of Service 6/22/2015 ⓘ

Amount * \$
100

Provider * Dr. Martin
! Provider Name is required.

Category * ⓘ Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description Headache

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
 George Washington
 George Jr Washington
 Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service?* ⓘ Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

Next, you will enter the **category** for the expense(s) from the drop-down menu. If you are submitting for a combination of dental, vision, or other medical expenses in one claim, you may select the general “medical expenses” option.

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▼

Accounts / File A Claim

Available Balance

- Health FSA \$2,540.00
- Daycare FSA \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

- Health FSA
- Daycare FSA

Claim Details

Start Date of Service * 5/22/2015

End Date of Service 5/22/2015

Amount * \$ 100

Provider * Dr. Martin
! Provider Name is required.

Category *  Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description Headache

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
 George Washington
 George Jr Washington
 Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service?* Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

Next, select the **type** of expense(s) from the drop-down menu. If you are submitting for a combination of dental, vision, or other medical expenses in one claim, you may select the general “medical” option.

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▼

Accounts / File A Claim

Available Balance

- Health FSA \$2,540.00
- Daycare FSA \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA

Daycare FSA

Claim Details

Start Date of Service * 5/22/2015

End Date of Service 5/22/2015

Amount * \$ 100

Provider * Dr. Martin
! Provider Name is required.

Category * Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description Headache

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
 George Washington
 George Jr Washington
 Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service?* Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

Next, you may add an optional description for this claim. You may use this to clarify, add, or comment on your claim.

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▼

Available Balance ⓘ

Health FSA ⓘ
\$2,540.00

Daycare FSA ⓘ
\$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA

Daycare FSA

Accounts / File A Claim

Claim Details

Start Date of Service * 5/22/2015 ⓘ

End Date of Service 5/22/2015 ⓘ

Amount * \$
100

Provider * Dr. Martin
! Provider Name is required.

Category * ⓘ Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description ⓘ Headache
If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
 George Washington
 George Jr Washington
 Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service? * ⓘ Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

Next, you will select who received the service(s). If there are multiple patients, select the account holder's name.

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▾

Accounts / File A Claim

Available Balance ⓘ

Health FSA ⓘ \$2,540.00

Daycare FSA ⓘ \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA

Daycare FSA

Claim Details

Start Date of Service * 6/22/2015 ⓘ

End Date of Service 6/22/2015 ⓘ

Amount * \$ 100

Provider * Dr. Martin
! Provider Name is required.

Category * ⓘ Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description Headache

Recipient * ⓘ
If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

George Washington

George Jr Washington

Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service? * ⓘ Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel **Previous** **Next**

The next question will ask if you drove to receive the service(s). Select “yes” if you drove and wish to be reimbursed for medical mileage. If you did not drive, or do not wish to be reimbursed for your mileage costs, select “no.”

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker I Want to... ▾

Accounts / File A Claim

Available Balance ⓘ

Health FSA ⓘ \$2,540.00

Daycare FSA ⓘ \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA

Daycare FSA

Claim Details

Start Date of Service * 5/22/2015 ⓘ

End Date of Service 5/22/2015 ⓘ

Amount * \$ 100

Provider * Dr. Martin
! Provider Name is required.

Category * ⓘ Medical Expenses
! Category is required.

Type * Medical
! Type is required.

Description Headache
If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
 George Washington
 George Jr Washington
 Martha Washington
! Recipient is required.

[Add Dependent](#)

Did You Drive To Receive This Product/Service?* ⓘ Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

When a Claims Examiner processes your claim, they should be able to determine the specific provider, expense type, and recipient of the services based on your documentation. (See “Acceptable Types of Documentation”)

Review the information you entered on this page, and then select “Next.”

The screenshot shows a web interface for filing a claim. On the left, there's a sidebar with 'Available Balance' for Health FSA (\$2,540.00) and Daycare FSA (\$0.00), and 'Plan Filing Rules' for 01/01/2015 - 12/31/2015. The main area is titled 'Accounts / File A Claim' and contains a 'Claim Details' form. The form has several required fields marked with an asterisk: 'Start Date of Service' (5/22/2015), 'End Date of Service' (5/22/2015), 'Amount' (\$100), 'Provider' (Dr. Martin), 'Category' (Medical Expenses), and 'Type' (Medical). There are red error messages for 'Provider Name is required', 'Category is required', and 'Type is required'. The 'Recipient' field has radio buttons for George Washington, George Jr Washington, and Martha Washington (selected), with a red error message 'Recipient is required'. There is also a 'Did You Drive To Receive This Product/Service?' question with 'Yes' and 'No' (selected) options. A 'Summary' section shows 'Pay From: Medical', 'Pay To: Me', and 'Documentation Uploaded: Yes'. At the bottom, there are 'Cancel', 'Previous', and 'Next' buttons. The 'Next' button is circled in red.

Read and select the “I agree...” button, then select “Next.”

You can choose to be reimbursed immediately or at a later time. If you are ready to submit your claim to Allegiance to be processed at this time, click “Submit.”

Once you have clicked “Submit,” your claim has now been submitted to Allegiance and is automatically placed into a queue to be processed by a Claims Examiner. You should receive information regarding your claim within 3-5 business days. There is no more action required at this time. If we request additional documentation or information once the claim has processed, you will be notified via your preferred notification method (mail, email, or text) and a notification will appear under the Message Center on your Reimbursement Accounts Homepage.



Last Login: 6/27/2015 - Online George Washingto... (1) Logout

Home Accounts Profile Statements & Notifications Tools & Support Expense Tracker

Available Balance

Health FSA \$2,440.00 **

Daycare FSA \$0.00

** Balance reflects claims not yet submitted

Accounts / Transaction Summary

Transaction Summary (1)

From	To	Expense	Amount	Approved Amount	
Health FSA Me		Medical	\$100.00	\$100.00	Remove Update
Total Amount			\$100.00	\$100.00	

Home Expense Tracker Accounts Tools & Support Profile Message Center

Welcome!

We're Making it Easy to Manage Your Reimbursement Accounts [View More](#)



I Want To:

Available Balance

Health FSA	\$207.46
Dependent Care FSA	\$0.00

Tasks 2

- 1 repayment(s) totalling \$48.50 due for paid claims that were later denied
- 1 receipt(s) needed to approve your claims

Quick View

(You can view or update your notification preferences under the "Message Center").

Message Center

[Update Notification Preferences](#)

[View Statements](#)

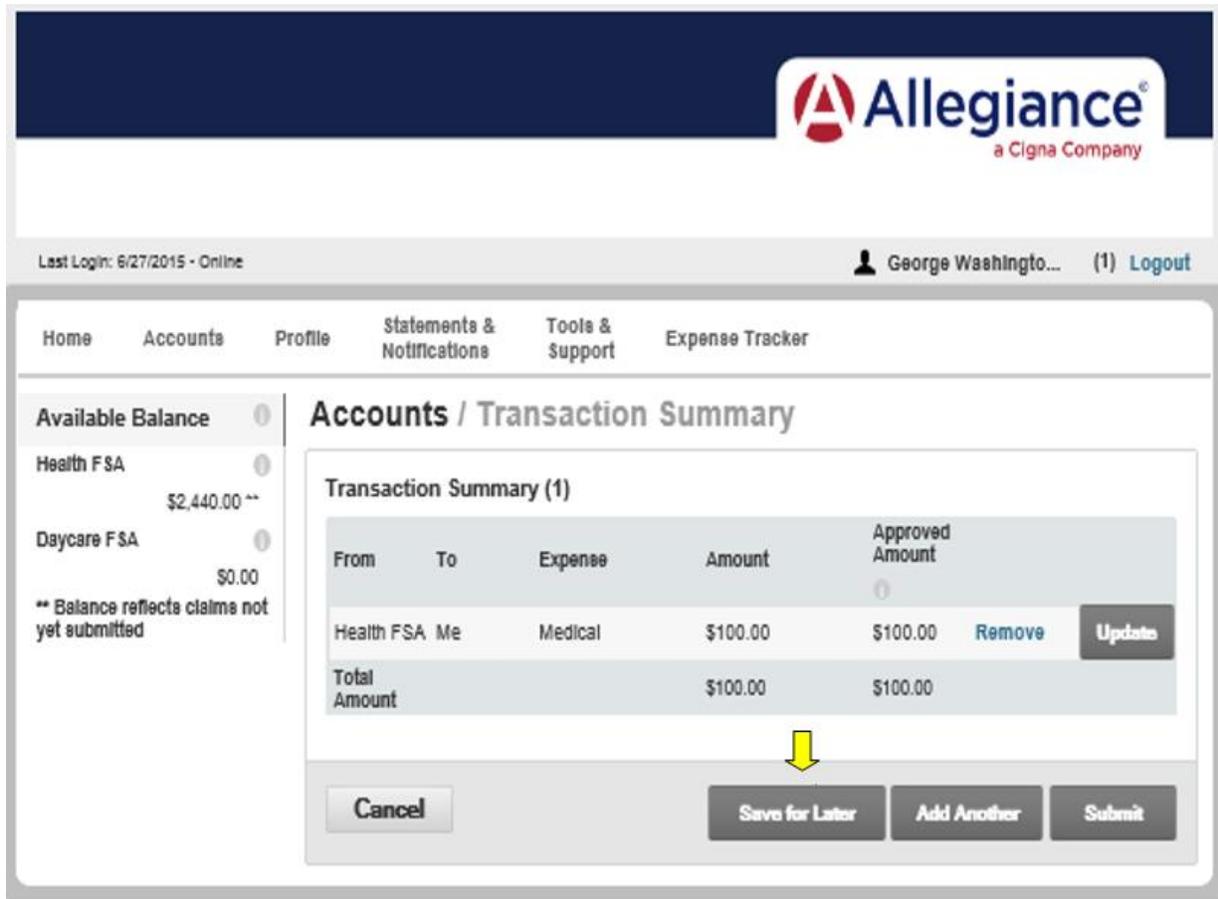
Current Messages

[Archive](#)

Date/Time ▼	From	Subject	Attachment
There are no records to display.			

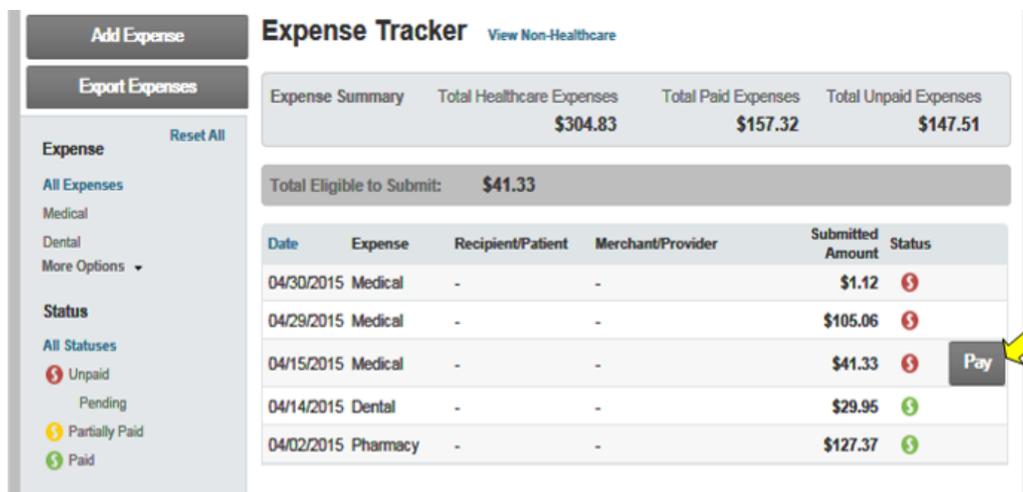
[Show Archived Messages](#)

If you would like to save your claim but not submit it to Allegiance until a later time, you have the option to save the claim for later by clicking “Save for Later.”



If you choose to save the claim for later, the claim will go to the Expense Tracker.

The Expense Tracker allows you to view and manage your claims in one place. This feature shows which claims have been paid (green dollar sign), entered but not paid (red dollar sign), and entered but not yet submitted to Allegiance to be processed. This tool allows you to save your claims electronically and postpone reimbursements until a later date. When you are ready to submit previously saved claims to Allegiance to be processed, click the “Pay” option to the far right of the entered claim. You can click on the Date to see the claim detail and other options that may be available to you.



Remember these claims – they will not be paid until you revisit the Expense Tracker and select them to pay. Any claims that have this “Pay” option included at the right have not yet been submitted to Allegiance. Reminders to check your account statement are sent monthly. Remember that claims must be filed by your last eligible filing date.

(You can verify your last eligible filing date by hovering over the information circle next to the account balance on the homepage).

