

Infinisource provides all Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) participants with an online portal that provides anytime access to view and manage account information. One of the many features available online is the capability to file a claim and upload any documentation to accompany the claim.

To file a claim and upload documentation, follow these steps:

Navigate to the [Infinisource login page](#).

Enter your Username and Password. First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password.

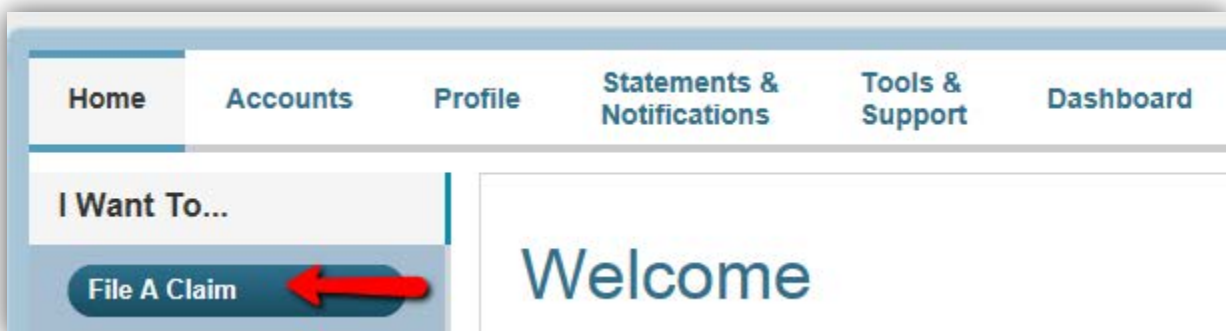
**Note:** If you are using Internet Explorer 11 and have difficulty with processing a claim online, turn off your compatibility mode. Please follow these instructions if you are unaware of how to make that change to your browser.

### Internet Explorer 11

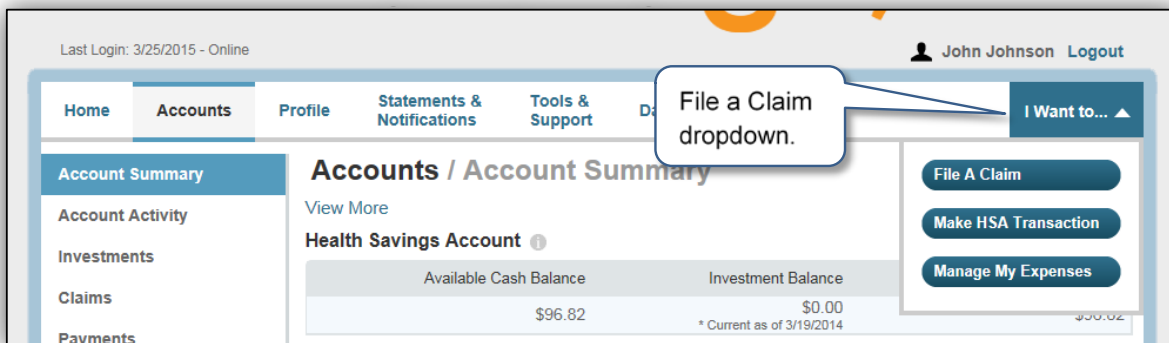
1. Navigate in Internet Explorer to the site you are trying to access.
2. Press the **Alt** key to display the menu bar.
3. Click the **Tools** menu and choose **Compatibility View Settings**.
4. In the *Add this website* field, you will see the domain (the last part of the website address).
5. Click **Add**.

Result: the domain appears in the list of websites you've added to compatibility view.

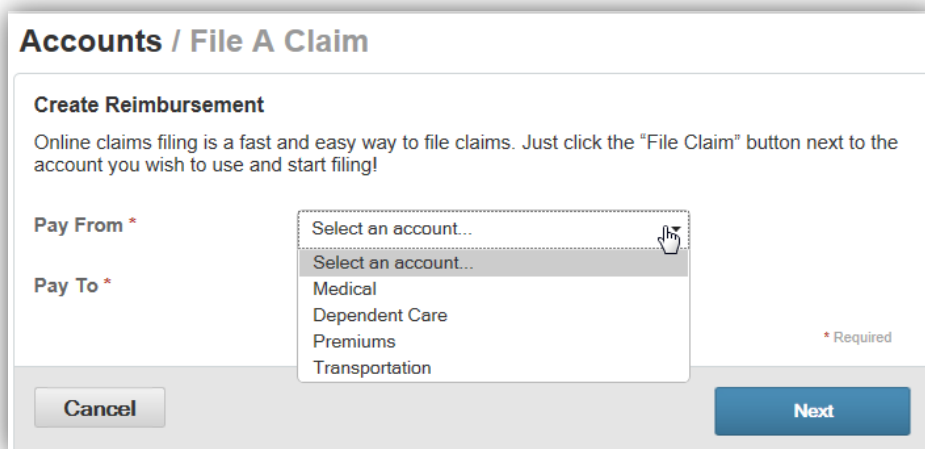
On the Home page, click **File a Claim**.



Or

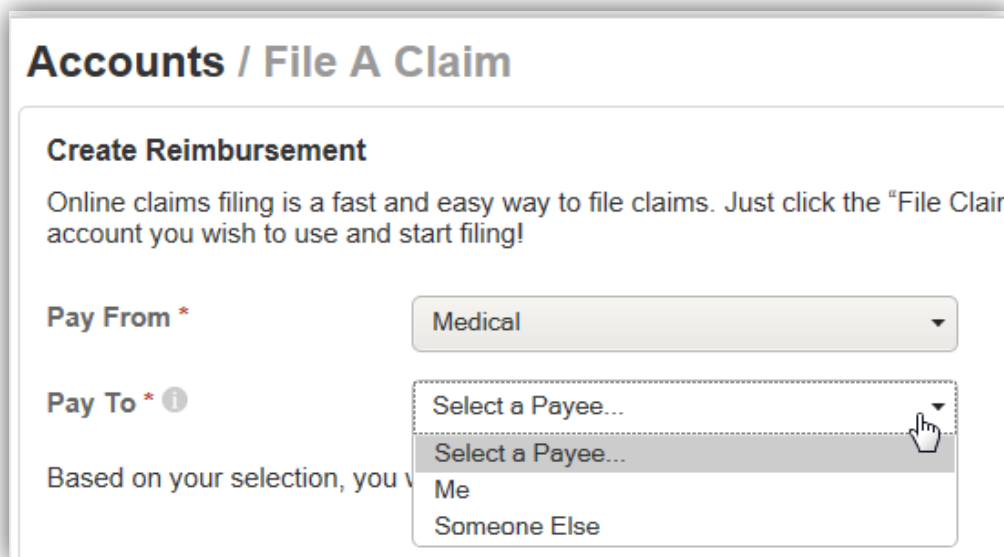


In the **Pay From** drop-down menu, choose the account type.

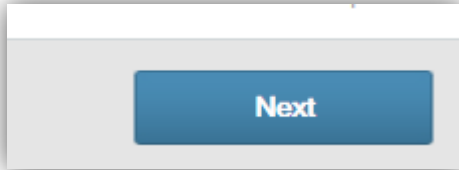


Select a payee from the **Pay To** drop-down menu.

If the payee is not listed, select **Someone Else**.



Click **Next** once you have chosen the *Pay From* and *Pay To*.



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

**Accounts / File A Claim**

**Available Balance**

HSA 15  
Cash Account \$5,879.92  
Investment Account \$0.00  
Vision Dental FSA 15 \$2,454.50  
Vision HRA 15 \$1,665.14

**Plan Filing Rules**  
01/01/2015 - 12/31/2015  
Vision Dental FSA 15  
Vision HRA 15

**Payee Details**

Payee \*  Add a New Payee  Select a Saved Payee

Payee Name \* Hudson Vision  
Enter who provided this service (this may be a physician, hospital, etc.)

For Farrah  
When appropriate, provide the name of the person who received service.

Account Number \* 456789  
Enter the account number that the payee uses to identify the service or recipient.

Payee Address \*  
100 Any St  
Ste 100  
Address Line 3  
Hudson  
Wisconsin 54015  
Enter the address of physician, hospital, etc. who provided the service.  
 Save new payee information

**Summary**

From Medical  
To Someone Else

Cancel Previous Next

When you select *Someone Else*, the next screen will be for you to set up a new payee in the system.

Complete all required fields and click **Next**.

## Accounts / File A Claim

### Receipt / Documentation

Receipt(s) ⓘ

[Upload Valid Documentation](#)

### Summary

Pay From

Medical

Pay To

Me

Upload your receipt.

When uploading a receipt it must be in .doc, PDF, bmp or gif format and must not exceed 2 MB.

### Upload Receipt(s)

Browse... Remove

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

The screenshot shows the 'Accounts / File A Claim' page with a modal window for uploading receipts. The modal is titled 'Upload Receipt(s)' and contains a 'Browse...' button, a 'Remove' button, and instructions: 'Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB' and a link to 'Add Another Receipt'. The main page shows the 'Receipt / Documentation' section with 'Receipt(s) ⓘ' and 'Upload Valid Documentation' (highlighted in red in the original image). Below this, it shows 'EOB\_02-04-2011.pdf Remove Receipt' and 'View Receipt(s)'. The 'Summary' section shows 'Pay From: Medical' and 'Pay To: Me'. At the bottom of the modal, there are 'Cancel', 'Previous', and 'Next' buttons. A 'Submit' button is visible on the right side of the page.

Enter your claim information on the form that appears (fields with an asterisk "\*" are required fields).

- Start Date of Service
- End Date of Service
- Amount
- Provider
- Category
- Type
- Recipient

**Accounts / File A Claim**

**Claim Details**

Start Date of Service \* 6/5/2015

End Date of Service 6/5/2015

Amount \* \$ 30.00

Provider \* Dr. Jones

Category \* *i* Select a category...  
 Select a category...  
 Capital Expenses  
 Dental  
 Drugs & Medicine  
 Hearing Impairment  
 Medical Expenses  
 Mental Health, Chemical Dependency & Special Education  
 Miscellaneous  
Drugs ; you must provide a description.

Type \*

Description

Category \* *i* Medical Expenses

Type \* Select a type...  
 Crutches  
 Diagnostic Devices  
 Fertility Enhancement  
 Health Institute  
 Hospital Services  
 Laboratory Fees  
 Medical Copay  
 Medical Deductible

Description

Recipient \*  Mary Company

If the recipient is not listed, click on **Add Dependent**.

Recipient \*  Farrah Bolt  
 John Bolt  
 Lightming Bolt

**Add Dependent**

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

Fill out the dependent information, click on **Submit**. Required fields are marked with an asterisk "\*" .

**Add Dependent** ✕

**Dependent Information**

Name \*   MI

Last Name

SSN  -  -

Birth Date \*

Gender \*  Male  Female

Full Time Student \*  Yes  No

Relationship \*

Dependents added will be enrolled in the medical and dependent care plans in which you are enrolled. Please contact your administrator to enroll a dependent in an HRA plan.

\*Required

\*Required

Once all of the required fields are completed, click **Next**.

Last Login: 5/27/2015 - Online Farrah Bolt (1) Logout

Home Accounts Profile Statements & Notifications Tools & Support Dashboard I Want to...

**Accounts / Transaction Summary**

Available Balance ⓘ

HSA 15

Cash Account \$5,879.92

Investment Account \$0.00

Vision Dental FSA 15 ⓘ \$2,464.50 \*\*

Vision HRA 15 ⓘ \$1,665.14

\*\* Balance reflects claims not yet submitted

**Transaction Summary (1)**

From	To	Expense	Amount	Approved Amount	
Vision Dental FSA Me 15		Dental Copay	\$12.00	\$12.00	<input type="button" value="Remove"/> <input type="button" value="Update"/>
<b>Transaction Details</b>		Plan Year: 1/1/2015 - 12/31/2015		Date(s) of Service: 5/1/2015	
		Merchant/Provider: Stillwater Medical Group		Claim Amount: \$12.00	
		Recipient: Farrah Bolt			
<b>Total Amount</b>			\$12.00	\$12.00	

**Claims Terms and Conditions** ▼

I have read, understand, and agree to the Terms and Conditions.

The next page is a Transaction Summary of your claim. Review the information to make sure everything is accurate. You can either remove or update if necessary. Once everything is correct, review the Claims

Terms and Conditions and check the box that you have read it.

Claims Terms and Conditions

I have read, understand, and agree to the Terms and Conditions.

Cancel Save for Later Add Another Submit

You can either click on **Submit** once you have agreed to the Terms and Conditions or you can **Save for Later** or **Add Another** claim.

If you save for later, you will see the claim as saved on your Home page.



If you log out prior to submitting your saved claim, you will receive the following prompt.

Logout

You have transactions that have not been submitted. By logging out you will lose your transactions.

Do you want to Continue?

No Yes

**Note:** If you see Receipts Needed link in the Message Center section of your Home Page, click on it. A listing of the claims requiring receipts will appear.

Remember, you can now **go mobile** by using your smart phone to access:

- FSA Account balances
- Submit claims for reimbursement
- Send receipts using a mobile device's camera
- Configure alerts via text message

Easily check information now using an iPhone, iPod Touch, iPad or Android-powered device.

