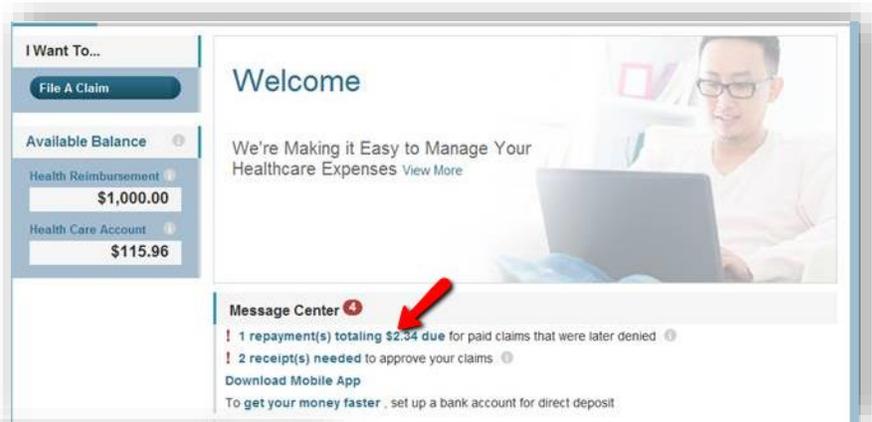


Certain situations may require you to repay Infinisource for a paid claim that is either an ineligible expense or missing documentation. This can be easily completed on the Online Portal.

Steps to Make a Repayment

A repayment of a claim is required once the paid claim is denied and marked for repayment. You will be able to repay online.

1. The message center will indicate repayment is needed. Click on the link to begin the process.



2. View the line item with the denied claim. Click **Repay**.

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

Accounts / Repayments

Repayments are necessary when claims have been paid to you but later denied. This page displays any pending repayments as well as past repayments.

View the appropriate Denial Letter with Repayment Notification for instructions on how to satisfy your outstanding repayment(s). The Create Date of the Denial Letter with Repayment Notification on Statements and Notifications page should be the day after the corresponding repayment Denial Date below.

Pending Repayments						
Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Original Repayment	Outstanding Repayment Due
11/30/2017	11/30/2017	MedicalFL...	Hospital	Provider	\$0.03	\$0.03 View Denial View Claim
11/30/2017	11/30/2017	MedicalFL...	Hospital	Provider	\$0.02	\$0.02 View Denial View Claim
1/4/2018	11/29/2017	MedicalFL...		Check	\$2.15	\$2.15 View Denial View Claim Repay
11/28/2017	11/28/2017	MedicalFL...	dd	Check	\$5.00	\$1.67 View Denial View Claim

Total Outstanding Amount: \$3.87

3. If you have a bank account on file, choose that account. If you do not have a bank account setup, you will be asked to add an account. Once the bank account information is entered, click **Repay**.

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

Repayments / Repay

Repayment Details

Denial Date: 11/29/2017

Account: fsa (1/9/2017 - 12/31/2017)

Original Repayment: \$200.00

Repaid Amount: (\$0.00)

Outstanding Repayment Due: \$200.00

Repayment from Bank Account

Repayment From: Test (Checking)
Routing Number 123456789
Account Number xxxx4987
[Update Bank Account](#)

Repayment On: 1/18/2018

Repayment Amount: \$200.00

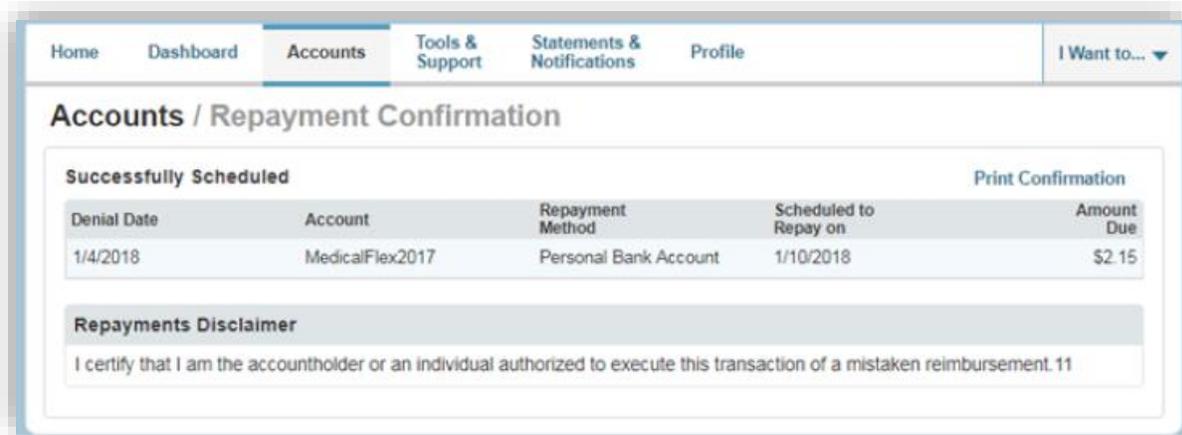
Repayment Disclaimer

I certify that I am the accountholder or an individual authorized to execute this transaction of a mistaken reimbursement. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I authorize the administrator to debit my bank account for the amount I have indicated in the transaction. I assume full responsibility for this transaction and will not hold the administrator, including its agents and employees, liable for any adverse consequences that may result. I have not received tax or legal advice from the administrator and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by the administrator. I understand that this transaction may be revoked or cancelled by contacting the administrator on the date of the transaction.

I have read, understand, and agree to the information and terms above.

Cancel **Submit**

4. Once you have successfully created the repayment (submitted repayment amount), you will received a confirmation message within the online portal.



The Repayment page will also show any **Scheduled Repayments, Repaid Repayments and Canceled Repayments.**

Scheduled Repayments						
Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Amount	Scheduled to Repay On
There are no records to display.						
Repaid Repayments						
Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Amount	Repaid on
12/11/2017	11/30/2017	MedicalFL...	Hospital	Provider	\$0.01	12/11/2017
12/11/2017	9/22/2017	1Plan201...		Payroll Deduction	\$1.01	12/15/2017
11/28/2017	9/22/2017	1Plan201...		Payroll Deduction	\$1.00	12/1/2017
11/28/2017	9/22/2017	1Plan201...		Personal Bank Account	\$3.00	11/28/2017 from xxx9478
11/27/2017	7/12/2017	MedicalFL...		Personal Bank Account	\$0.02	11/29/2017 from xxx9478
11/27/2017	7/12/2017	MedicalFL...		Personal Bank Account	\$0.05	12/19/2017 from xxx9478
9/15/2017	7/12/2017	MedicalFL...		Personal Bank Account	\$0.12	12/19/2017 from xxx9478
Canceled Repayments						
Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Amount	
11/28/2017	11/28/2017	MedicalFL...	dd	Check	\$2.25	



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.