

I Want To.

Claims submission is efficient and hassle-free

Follow these easy steps:

Log in to your online HRA account at www.tasconline.com using your username and password. On the left navigation, click File A Claim.

- 1. Select the account to pay from and payee and click Next.
- Password Updated You have successfully updated your password File A Clai Welcome! Available Balance We're Making it Easy to Manage Your Healthcare Expense T01 Test 001 01012... \$5,000.00 Tools & Support Statements & Notifications Profile I Want to... 🔻 Dashboard Accounts Accounts / File A Claim Available Balance DPT01 Test 001 0101201... 0 Create Reimbursement \$5,000.00 Online claims filing is a fast and easy way to file claims. Just click the "File Claim" button next to the account you wish to use and start filing! Plan Filing Rules 01/01/2015 - 12/31/2015 Pay From * Medical • DPT01 Test 001 0101201 Pay To * 0 Me + Based on your selection, you will be requesting a Claim Reimbursement

Statements & Notifications

Profile

Tools & Support

2. Click Upload Valid Documentation, click Browse, attach your claim documentation, and click Submit. You may click View Receipts to verify the correct document was uploaded. Click Next to complete the upload process.

IMPORTANT: Claims submitted without substantiation are not processed until substantiation is received.





Home Das	shboard	Accounts	Tools & Support	Statements & Notifications	Profile	l Want to 👻
Available Bala	ance 0	Accou	unts / Fil	e A Claim		
DPT01 Test 001 0	101201 () \$4,999.00	Receip	t / Document	tation		
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01/01/2015 - 12/31	1/2015			View Recei	ipt(s)	
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2302 International Lane I Madison, WI 53704-3140 www.tasconline.com I 800.422.4661

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- Enter the service start and service end date.
 NOTE: Each claim line item must be individually entered.
 Multiple claims submitted as one claim will be denied.
- 4. Enter the claim amount. NOTE: This is the amount that is eligible for reimbursement from the Plan. This is not the total amount of the claim billed to the insurance carrier.
- 5. Enter the Provider.
- 6. Choose the service Category code and Type from the dropdown lists.
- 7. Enter a Description (this is required for a category of Other or Over-the-Counter).
- 8. Select the Recipient (the person that received the service). If the correct recipient is not listed, contact your employer to add eligible dependents.
- At this point, you may edit the claim submitted by selecting Update. You may also add another claim by selecting Add Another and select Submit when finished.

10. Upon submission of claims, a confirmation screen will display with the submitted claim information.

EOB-D-2016-01-01-2016 () \$1,400.00	Claim Details		
Plan Filing Rules	Start Date of Service *	mm/dd/yyyy	
01/01/2016 - 12/31/2016	End Date of Service	mm/dd/yyyy	
EOB-D-2016-01-01-2016	Amount*	\$	
	Provider*		
	Category *	2 - Deductible Expense List:	Ŧ
	Type *	Select a type	•
	Description		~
			~
		If the category is 'Other' or 'Over-th Drugs', you must provide a descrip	ne-Counte
	Recipient*	 Melissa Johnson Bob Smith 	

Home Dashboard	Accounts	Support	Statements & Notifications	Profile			I Want to.		
Available Balance	Accou	unts / Tr	ansaction	Summa	ſy				
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" Balance reflects claims not yet submitted	From	То	Expense	Amount	Approved Amount				
	DPT01 Test 00 010120 123120	1 Me 15- Me 15	Medical Copay	\$10.00	\$10.00	Remove	Update		
	Total Amount			\$10.00	\$10.00				
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