



## How to Submit a Claim

We offer four easy ways for you to access your healthcare account funds. **For fastest results, we encourage you to submit your claim with CYC Mobile.**

### Payment Card

1. If your account included a payment card, you can use it to directly pay for services at eligible healthcare and locations such as doctor s offices, hospitals, and pharmacies.
2. **Save your receipts!** When you swipe the card, a claim is created for you and eliminates the need for you to fill out a claim form. However, documentation may still be required. If a receipt is needed, you will be notified by email or letter within two weeks of your payment card swipe. You can also review if your claim requires receipts online by logging into your online account.

### Online Claim Submission

1. Log in at [www.connectyourcare.com](http://www.connectyourcare.com).
2. Follow the instructions on the main page to enter a new claim. Enter the requested information about your claim and continue through the screens to submit the claim and required documentation.

### CYC Mobile Claim Submission

1. Download CYC Mobile to your Android, iOS, or Windows or Windows device. Log in using your existing ConnectYourCare website username and password.
2. Click Add new claim from the main screen. Enter the requested information about your claim and continue through the screens to confirm and submit the claim.

## Manual Claim Form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted.

Do not use this form if expenses were already paid with your healthcare payment card.

Do not use this form if you already submitted this claim online.

Complete all entries on this submission form. Please print or type.

Sign and date this form.

Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below.)

Personal Information	
Name of Employer	
Employee Name (last name, first name)	Social Security Number

Documentation Required
<p>You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt (if applicable to your plan).</p>

Claim Details					
Date of Service	Patient's Name	Relationship to Employee	Name of Provider	Description of Service	Amount Requested
Total					\$

Authorization and Certification
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