

CONSUMER PORTAL PROCEDURES FOR UPLOADING CLAIMS AND CHANGING PASSWORDS

Consumer Portal Uploading Instructions:

- To get to your consumer portal go to <u>www.davevic.com</u>. Then at the top of the screen run your cursor over the "Login Center" and a menu will drop down. Click "Go" in the box that says FSA/HRA/HSA Participant. This will take you out to your consumer portal log in page.
- 2. Enter your username and password. If you have not logged on before your username will be first initial, last name and last four of your SSN. Your password will be Davevic1 if you're an existing customer and if you are a new customer your password will be davevic1.
- 3. To file a claim, locate the "File A Claim" button (right below "I want to..." on the left side of the screen).
- 4. This will take you to the next screen where you will select account paid from which will always be "Medical" and pay to will be "Me."
- 5. Next screen will have "Upload Valid Documentation", click on this link. Locate the picture(s) of your invoice, receipt or Explanation of Benefits (EOB). Once chosen click "Next."
- 6. The last screen will be the claim form. Please fill in all necessary fields that have an (*). At the end choose "Next" and this will give you the option to upload another claim if you have one or choose "Submit" to finish.







Create Reimbursement

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!

Pay From *	Medical •	
Pay To * 🕕	Me 🔹	
Based on your selection, you	will be requesting a Claim Reimbursement.	
		* Required
Cancel		Next

Receipt / Documentation

Receipt(s) * 🕕	Upload Valid Documentation		Home Accounts Pr	ofile Statements & To Notifications Su	ols & Dashboard	I Want to 🔻
Summary			Available Balance 0	Accounts / File A	Claim	
Pay From	Medical		HSA 15 Cash Account \$4,408.29	Claim Details If all or part of your claim is u balance in your account), the will receive polification in the	nreimbursable due to auditing factors (i.e. clain n you will only be reimbursed the approved am mail	exceeds available ount. If this occurs, you
Pay To	Me	* Required	Investment Account \$0.00 Vision Dental Flex Spe \$2,867.00 Vision HRA 15	Start Date of Service * End Date of Service	mm/dd/yyyy	
Cancel	Previous	Next	Plan Filing Rules 01/01/2015 - 12/31/2015 Vision Dental Flex Spe Vision HRA 15	Provider * Category * 🔘 Type *	Select a category Select a type	
				Description Recipient *	If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description. Farrah Bolt John Bolt John Bolt Add Dependent	
				Did You Drive To Receive This Product/Service?* Summary Pay From Pay To Documentation Uploaded	 ○ Yes ● No Medical Me No 	* Required
				Cancel	Previous	Next

Home Dashboard	Accounts	Tools & Support	Statements & Notifications	Profile							
Available Balance	Accour	nts / Tra	insaction S	ummar	у						
01-2017 FSA Unreimburs () \$291.50 **	Transacti	ion Summa	ıry (1)								
Flexible Spending Acco 🕧	From	То	Expense	Amount	Approved Amount						
\$1,000.00 ** Balance reflects claims not yet submitted	01-2017 F Unreimbur Medical	SA rsed Me	Medical Copay	\$104.25	\$104.25	Remove	Update				
	Total Amo	ount		\$104.25	\$104.25						
	Cance	əl		Save	for Later	Add Another	Submit				
		Home	Dashboard	Αссоι	nts Too Suj	ols & Stat oport Not	ements &	Pi	rofile		
		Availat	ole Balance	• A	counts	/ Transa	ction C	on	firmat	tion	
		01-2017	FSA Unreimburs	0	onfirmation						
		F1 31	\$291.5	50 C	ease click th	• e "Receipts Ne	eded" link be	elow a	and uploa	ad vour receipt(s).	
		Flexible	Spending Acco \$1 000 (0 S	uccessfully	Submitted				,,	
			• 1,00010		rom		Te		Amount	Approved Amount	Receipt Status
					1 2017 EQA	Intoimburged M	lodical M		\$404.0F	¢404.05	Uploaded(1)
					1-2017 FSA		iedical M	6 1	\$104.25	\$104.25	Upload another Receipt
				1	otal Approve	d Amount				\$104.25	

Mobile App Uploading Instructions:

- 1. Log into your 1Cloud app using the passcode you selected.
- 2. After logging in a screen will appear with all of your accounts listed along with a "File A Claim" link and an "Expenses" link. Click on "File A Claim" in order to upload a claim for payment.
- 3. The next screen that appears will be the online claim form that you will need to complete. Fill in all required fields (provider field and miles driven are not necessary fields).
- 4. On the same page scroll down and you will find "Upload receipt" link. Click on that and it will ask you if you want to take a picture or download one from your library.
- 5. Choose or take a picture of the correct receipt for this claim.
- 6. <u>Important information to know</u>: When uploading claims please upload each claim separately otherwise your claims could be mislabeled and can cause issues with processing.
- Once you have finished all the necessary steps click on the "Add Claim" button on the top right side of your screen. Now your claim has been submitted to Davevic for review.



	••_>==> AT&T	●●○○○ AT&T 🗢 9:56 91% 🟹 +	●●●○○ AT&T 중 9:57 91
Tap to initiate a	ACMF health	Back Scroll to view more.	Back Add claim
new claim.		Plan Information	Category & Type Please Select >
	FILE A CLAIM	Available Balance: \$1,852.00 For Health FSA (2013 Stacked Plans)	Description
	EXPENSES	Details	Recipient Kendra Stockton
	All Accounts	You must have a valid receipt to file a claim	How are miles claimed?
	Health FSA \$1,852.00 2013 Stacked Plans	Date of Service 10/4/13	Miles Driven
	Dental HRA \$250/\$50 \$200.00 2013 Stacked Plans	Amount	Receipts
	HRA \$400 Deductible \$500.00 2013 Stacked Plans	Provider	Upload Receipt Attach Receipt
	Dependent Care FSA \$1,412.50	Category & Type Please Select >	Terms And Conditions
	2013 Stacked Plans	Description	By Submitting this claim you agree to the terms and conditions for filing claims (available on the portal).
		Recipient Kendra Stockton	termine of the period.
	Hama Manager Line Line		

How to Change your Consumer Portal Password:

- 1. First, you need to know that your password will need to be changed every 90 days. This is a compliance requirement of the website. So, if you find yourself having trouble logging in this could possibly be why. Please follow the instructions below on how to update your password.
- 2. Go to <u>www.davevic.com</u> and locate the "Login Center" and run your cursor over it and it will drop down a menu. Click "Go" in the FSA/HRA/HSA Participant box and this will take you to your consumer portal.
- 3. From your consumer portal click on "Forgot Password." This will have you verify who you are, answer your security questions and then ask you to change your password.
- 4. Your password must contain a capital letter, numbers and a symbol. This will also give you your username in case you have forgotten it.
- 5. Once you have successfully change your password you will be logged into your account and your password will be good for the next 90 days.
- 6. <u>A side note</u>: If you would like to change your username or security questions you will need to go to "Profile" then on the left side of the screen click on "Login Information." From here you can change your username and security questions.

DAVEVIC Newstr WCX Health Cloud				
Username				
Password				
SAVE				

MOBILE APP LOGIN

- 1. Are you passed your 90 days to change your password? Now you can through your mobile app!
- 2. When opening the mobile app you will see a link that says "Forgot username or password?"
- 3. Click on password and this will take you out to the consumer portal.
- 4. Fill in all required fields to verify who you are. The next screen you will need to answer your security questions. The final screen will have to change your password.
- 5. Once you have changed you password then, go back to your mobile app and sign in. This password will be good for the next 90 days.