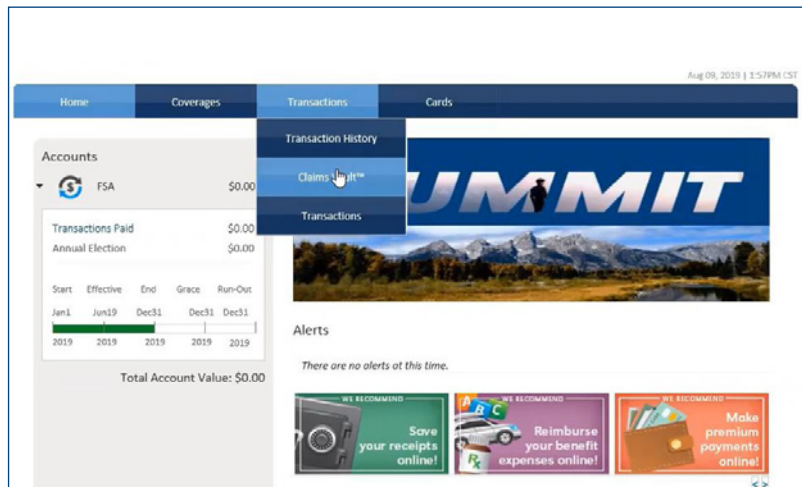


How to File a Claim

STEP 1

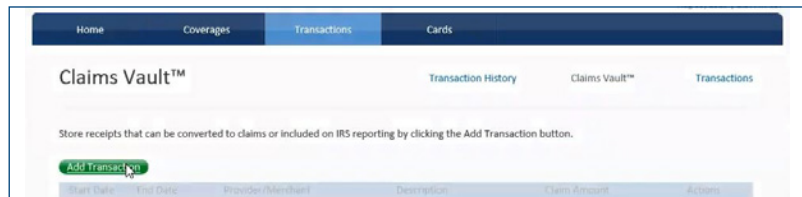
Log in to your account*

- In the navigation bar at the top of the screen, hover over transactions, and **click on ClaimsVault™**.



* Your home page and accounts may look different from what you see here, but the information will be in the same places.

- Click the **Add Transaction** button.



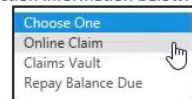
STEP 2

Choose **Online Claim** from the **Transaction Type Dropdown List** to file for reimbursement or payment now on a claim

Add A Transaction

Enter and submit your transaction information below.

Transaction Type :



Online Claim

A claim you want to file for reimbursement or payment now.

ClaimsVault®

Submit a claim to electronic storage for later reimbursement.

Repay Balance Due

Allows you to return funds to your benefit account for denied or ineligible transactions.

STEP 3

Click the **Select files** button to upload a receipt or Explanation of Benefits. *A receipt is not required with your online claim, but for most plans, failing to attach a receipt will delay your reimbursement.*

- Choose **Pay Me** if you are being reimbursed, or **Pay Provider** if you need to pay a bill.
- Complete the form, and check the appropriate **service category** and **Service Code***.
- Add a **description of service**, choose the **benefit plan you are using**, and choose whether you are using **Direct Deposit** or **check** (if you have the option). Write in any notes that you may want for future reference.

Add A Transaction

Enter and submit your claim information below. If you have multiple services on a single receipt or EOB, you can enter the details of a service and click **Add Line Item**. When you are done with that receipt or EOB, click **Submit**.
If you don't have all of the details for your claim, click **Finish Later** to save what you have entered then come back later to finish and submit your claim.

Transaction Type: Online Claim Required Information

Upload Receipt/EOB: Receipt.pdf Select files...
Max Size: 100mb. Supported formats: pdf, bmp, gif, jpg, eps, tif, or png.

Pay Me **Pay Provider**

Claimant: Robert T Jones

Start Date: 08/09/2019 **End Date:** 08/09/2019

Amount: \$52.00

Provider:

Service Category: Medical **Service Code:** Preventive Care

Description of Service:

Plan: Select Plan

Reimbursement: **Direct Deposit** **Check** [View Banking Details](#)

Notes:

I have read and agree to the [Terms and Conditions](#)

Add Line Item

Line Item Claims

[Clear Form](#) | [Cancel](#) | [Finish Later](#) Submit

* These drop down menus vary by administrator, so be sure to read the choices carefully.

- Click the check box next to "I have read and agree to the Terms and Conditions." If you have several claims you are making, **click Add line item** to add more claims. Once you are finished, **click the Submit button**.

You have now submitted a claim. If you have further questions, please contact your benefits representative.

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