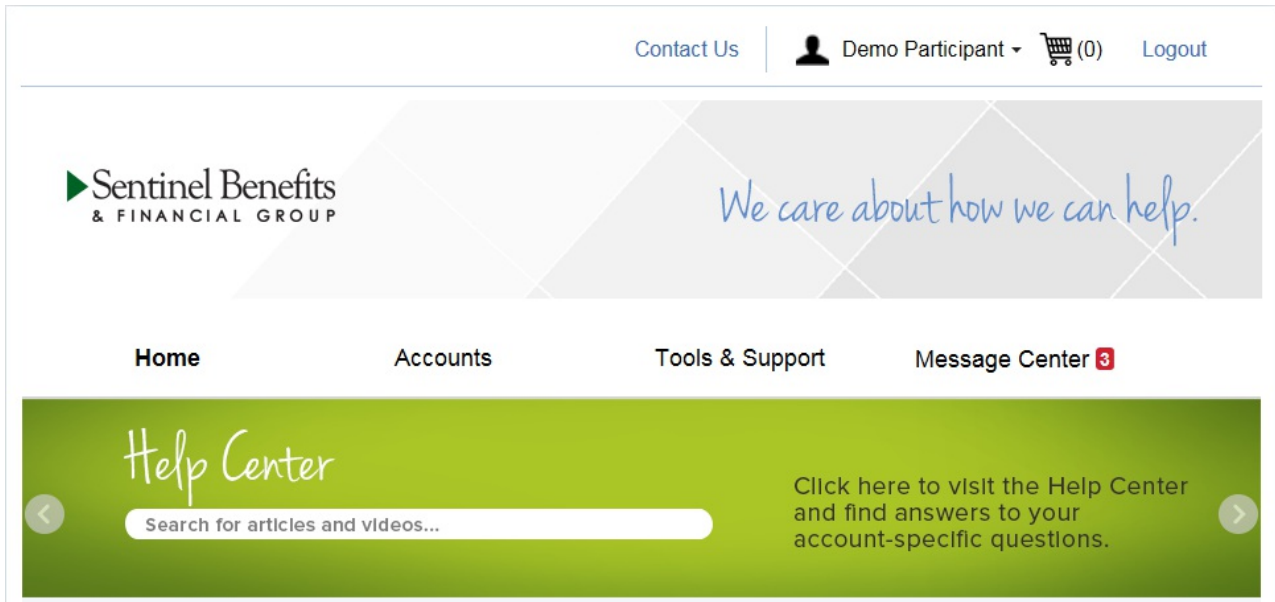


# Reviewing a Denied Claim

If a submitted claim is denied you will receive a notification of denial by email directing you to view the details in your [online account](#).

## 1. GO TO MESSAGE CENTER

Once you are logged into your online account select Message Center from your Main Account page. There will be an indicator that you have new messages:



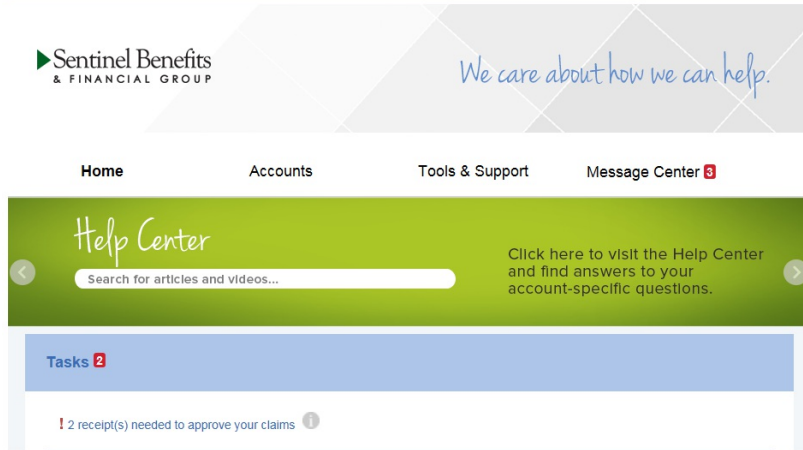
## 2. REVIEW CLAIM NOTICE AND DETAILS ON DENIAL

Once in the Message Center, click on the notice associated with your claim. Notifications Associated with claims:

- **Request for More Information** - Notification will be received when supporting documentation for a Debit Card transaction is provided and additional [supporting documentation](#) is required. Additional description and reasons for more information will also be on the letter if necessary. See example [here](#). To upload additional documentation find instructions [here](#).
- **Denial Letter** - Letter will explain denial reasons and further action required. See [example](#).
- **First Receipt Request** - Notification received after a debit card transaction that requires additional [supporting documentation](#).
- **Overdue Notice** - Second notification that additional documentation is required. This notification will be received 2 weeks after the first request is issued.
- **Ineligible Notice** - Notification received if:
  - Documentation was received and the item is not eligible for reimbursement. If the item was purchased using the debit card, the card will be suspended and the amount of the charge needs to be repaid to the plan. Please see instructions for [repayment](#).
  - Previous requests for documentation received no response. In this case, the transaction will be deemed ineligible and the debit card will be suspended.

## 3. UPLOAD ADDITIONAL DOCUMENTATION

When a claim requires additional information to be approved you will be prompted on your home screen to upload additional documentation. Click on the link to view all of the claims for which you need to submit a receipt.



- In the receipts page you will be able to view additional details about the claim by clicking the **Details** link then **View Denial** to see details. To upload requested documentation Click on the **Upload** button

Accounts / Receipts Needed

**Receipts Needed**

DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
There are no records to display.						

**Denied**

DENIAL DATE	DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
1/6/2021	12/6/2020	Medical FSA 2020	EYELID S...	DIANE [REDACTED]	\$226.00	New Needed	Details Upload
1/6/2021	12/3/2020	Medical FSA 2020	EYE GLA...	DIANE [REDACTED]	\$250.00	New Needed	Details Upload
1/6/2021	1/1/2020 - 11/22/2020	Medical FSA 2020	cvs	DIANE [REDACTED]	\$600.04	New Needed	Details Upload

When uploading documentation please be aware of the system limitations and format of document accepted.

**Upload Receipt(s)**

Upload options

Browse for a file on your computer.

Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number of uploaded receipts is 4.

Cancel Submit

#### 4. ACCEPTABLE DOCUMENTATION


In order for your claim to be in good order there is specific detail that is required.

Medical FSA: The Explanation of Benefits (EOB) from insurance provider will have all of the needed information above. If you do not have your EOB you may also provide receipt directly from provider.

<b>YES</b>	<b>NO</b>
<p>Required Details:</p> <ul style="list-style-type: none"> <li>• Date service was rendered (Medical FSA claims are</li> </ul>	<p>Credit Card receipt does not contain sufficient detail to show services received. (*exception: Pharmacy receipt is acceptable documentation for Rx purchases)</p>

based on date of service, not date of payment, with the exception of orthodontia which is based on payment date)

- Description of service or item
- Name of provider of service
- Name of person receiving the service
- Total out-of-pocket cost



**INVOICE**

INVOICE NO. \_\_\_\_\_  
DATE \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

DATE	CODE	DESCRIPTION	CHARGES	CREDITS

CHARGES   
CREDITS   
TOTAL

www.SavetzPublishing.com

## SAMPLE RECEIPT

555 S Angstreet  
Austin, TX 78745  
555-555-5555

---

STORE: 0003 REGISTER: 001  
CASHIER: KATIE  
ASSOCIATE: 000000

---

CUSTOMER RECEIPT COPY

ORIGINAL TRANSACTION INFORMATION  
STORE : 0003  
REGISTER : 001  
DATE : 12/31/2005  
NUMBER : 5194

259.99

---

SUBTOTAL 259.99  
SALES TAX 21.45  
TOTAL 281.44

---

AMOUNT TENDERED  
VISA 281.44  
ACCT: \*\*\*\*\*1234  
EXP: \*\*\*\*\*  
APPROVAL: 99999  
CARDHOLDER: JANE SMITH  
TOTAL PAYMENT 281.44

---

Transaction: 5285B 1/8/2006 2:40 PM

---

CARDHOLDER SIGNATURE:  
*Jane Smith*

THANK YOU FOR SHOPPING WITH US  
WE APPRECIATE YOUR BUSINESS

**Please Note** - If you are not able, or prefer not to upload your receipts online, you may print the confirmation page and send to Sentinel Benefits & Financial Group by Fax: 781-213-7301 Email: [Customer Service](#) or Mail: 100 Quannapowitt Parkway Suite 300 Wakefield MA 01880

Still have questions or issues with updating claims? [Contact Us](#)