

Guide to Pay the Provider

Discovery Benefits offers the ability for consumers to have reimbursement checks mailed directly to their provider. This is known as the Pay the Provider option. To utilize this functionality, simply log in to your online account and follow the instructions below.

Step 1: Select the Home tab. Then, select File A Claim.

The screenshot shows the Discovery Benefits Home page. At the top, there are navigation tabs: Home, Accounts, Profile, Statements & Notifications, Tools & Support, and Dashboard. Below the navigation, there is a 'Welcome' message and a 'Message Center' with a notification icon. On the left side, there is a 'I Want To...' section with two buttons: 'File A Claim' (circled in blue) and 'Manage My Expenses'. Below this, there are two account balance sections: 'Medical FSA 01/01/20...' with a balance of \$2,393.89 and 'Dependent Care FSA ...' with a balance of \$416.66. At the bottom, there are links for 'Download Mobile App' and 'Manage my notification preferences'.

Step 2: Select a "Pay From" account and a "Pay To" account from the drop-down menus. Then, select Next.

The screenshot shows the 'Accounts / File A Claim' page. The 'Create Reimbursement' section is highlighted. It contains the following text: 'Online claim filing is a fast and easy way to file claims. Simply select the appropriate options from the dropdown menus below and start filing!'. Below this, there is a 'Please note:' section with instructions on file formats and processing times. The 'Pay From' dropdown menu is set to 'Medical FSA 01/01/2015-12/31/2015 (1/1/2015 - 12/31/2015)' and the 'Pay To' dropdown menu is set to 'Someone Else'. A note below the dropdowns states: 'Based on your selection, you will be requesting a Claim Reimbursement.' At the bottom, there are 'Cancel' and 'Next' buttons, with the 'Next' button circled in blue.

Step 3: Complete the applicable fields. Then, select Next.

The screenshot shows the 'Accounts / File A Claim' page. The 'Payee Details' section is highlighted. It contains the following fields: 'Payee Name *', 'For', 'Account Number *', and 'Payee Address *'. The 'Payee Name' field is filled with a placeholder. The 'For' field is filled with a placeholder. The 'Account Number' field is filled with a placeholder. The 'Payee Address' section includes three lines for 'Address Line 1', 'Address Line 2', and 'Address Line 3', a 'City' field, a 'Select a state...' dropdown menu, and a 'Zip Code' field. Below the address fields, there is a note: 'Enter the address of physician, hospital, etc. who provided the service.' and a checked checkbox for 'Save new payee information'. The 'Summary' section shows 'From: Medical FSA 01/01/2015-12/31/2015 (1/1/2015 - 12/31/2015)' and 'To: Someone Else'. At the bottom, there are 'Cancel', 'Previous', and 'Next' buttons, with the 'Next' button circled in blue.

Step 4: Upload valid documentation. Then, select Next.

The screenshot shows the 'Accounts / File A Claim' page. The 'Receipt / Documentation' section is highlighted. It contains the following fields: 'Receipt(s) *', 'Summary', 'Pay From', and 'Pay To'. The 'Receipt(s) *' field is filled with 'Upload Valid Documentation'. The 'Summary' section shows 'Pay From: Medical FSA 01/01/2015-12/31/2015 (1/1/2015 - 12/31/2015)' and 'Pay To: Someone Else'. At the bottom, there are 'Cancel', 'Previous', and 'Next' buttons, with the 'Next' button circled in blue.

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Guide to Pay the Provider, continued

Step 5: Complete applicable fields. Then, select Next.

Accounts / File A Claim

Claim Details

If all or part of your claim is unreimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. If this occurs, you will receive notification in the mail.

Start Date of Service *

End Date of Service

Amount *

Provider *

Category *

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *

Sample Name

Add Dependent

Summary

Pay From Medical FSA 01/01/2015-12/31/2015 (1/1/2015 - 12/31/2015)

Pay To Someone Else

Documentation Uploaded Yes

* Required

Step 6: Review and verify your transaction summary. If anything needs to be updated, select Update. Read the terms and conditions carefully. Select the box indicating you have read and understood the terms and conditions. Then, select Submit.

Accounts / Transaction Summary

Transaction Summary (1)

From	To	Expense	Amount	Approved Amount	
Medical FSA 01/01/2015-12/31/2015	Hospital	Hospital Services	\$100.00	\$100.00	Remove <input type="button" value="Update"/>
Total Amount			\$100.00	\$100.00	

Claims Terms and Conditions Agreed

I have read, understand, and agree to the Terms and Conditions.

Step 7: Print the Transaction Confirmation page for your records. This page verifies that your file was successfully submitted.

Accounts / Transaction Confirmation

Confirmation

You are welcome to print this page for your records. Please note, you do not need to provide receipts as no further action is required.

Successfully Submitted

From	To	Amount	Approved Amount	Receipt Status
Medical FSA 01/01/2015-12/31/2015	Hospital	\$100.00	\$100.00	Uploaded(1) Upload another Receipt
Total Approved Amount			\$100.00	

If you have questions, feel free to contact us.

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