

Instructions for My SmartCare Portal Online Claims Submission

- Once logged in to My SmartCare Portal, click on 'Reimbursement Request' in the left Navigation menu.
- In the 'New Claims' box, click 'Add New' and a new screen will appear.

Reimbursement Request

Please Note: If you would like to add receipts for a past transaction, please go to the Pending Claims page, click "Edit Transaction" for item to "View" (top-down) and click "Upload" under the receipt column for the transaction.

HEALTH CARE ACCOUNT REIMBURSEMENT
If a health care charge is eligible for full or partial reimbursement from an insurance carrier, the charge must be submitted to all applicable insurance carriers before the plan can make payment. Once the claim has been processed by your insurance carrier, attach your EOE statement with an itemized receipt. If the charge does not need to be submitted to the insurance carrier, attach your itemized receipt. Do not attach checks or credit card receipts, as the IRS does not recognize these items as valid receipts for this program.

DEPENDENT CARE ACCOUNT EXPENSES
Attach a copy of the invoice and receipt. *The provider's signature is required if there is not a receipt attached.

New Claims:

Start Date	End Date	Amount	Claimant	Provider	Receipt
Add New					

Certification:
 To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this, or any other benefit plan, and will not be claimed as an income tax deduction. I authorize my Flexible Spending Account to be reduced by the amount requested.

Please note: after submitting your claim(s) no edits are allowed.

[Submit](#) [Clear](#)

- Fill out all required fields (marked with *).
- Upload a receipt file by clicking 'Browse' and choosing the pdf or the image of your claim substantiation.
 - *You can upload one receipt file per claim.*
- Click 'OK' when form is complete.

Service Dates: Start Date: 3/12/14 End Date: 3/12/14

Claim Amount: \$1.00

Claimant: [Dropdown]

Provider: Sample Provider

Account Type: FSA, COC(1/1/2014 to 12/31/2014)-3/31/2015

Receipt File: [Browse](#)

Notes: Sample Text

* = required

[OK](#) [Cancel](#)

- When finished adding new claims, read the Certification message and click the acknowledgement box that you agree with the statement.
- Click the 'Submit' button to submit all claims.

Start Date	End Date	Amount	Claimant	Provider	Receipt
3/12/2014	3/12/2014	\$1.00		Sample Provider	Edit

[Add New](#)

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[Submit](#) [Clear](#)

A 'Thank You' screen will appear once the claim has been successfully submitted to BCC.

If you have questions regarding your account(s), please contact BCC's Customer Service Center at 1-800-685-6100.