

# Guide to Pay the Provider

**SEND CHECKS  
STRAIGHT TO  
YOUR PROVIDER**

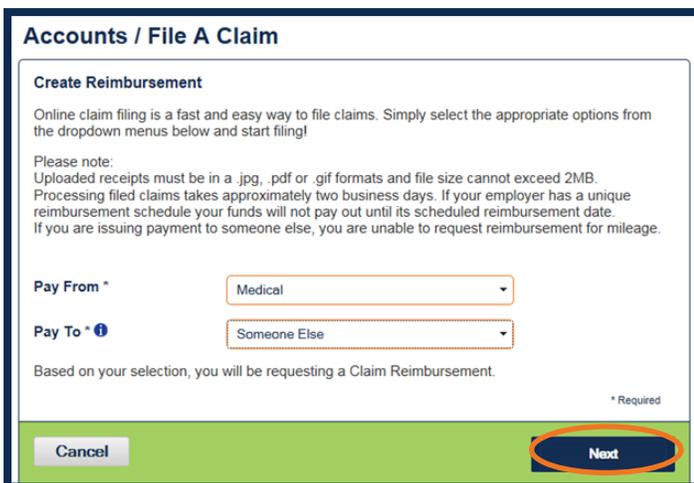
With Discovery Benefits, participants can opt to have reimbursement checks sent directly to their provider, which is known as the “Pay the Provider” option. To use this functionality, simply log in to your online account and follow the instructions below.

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



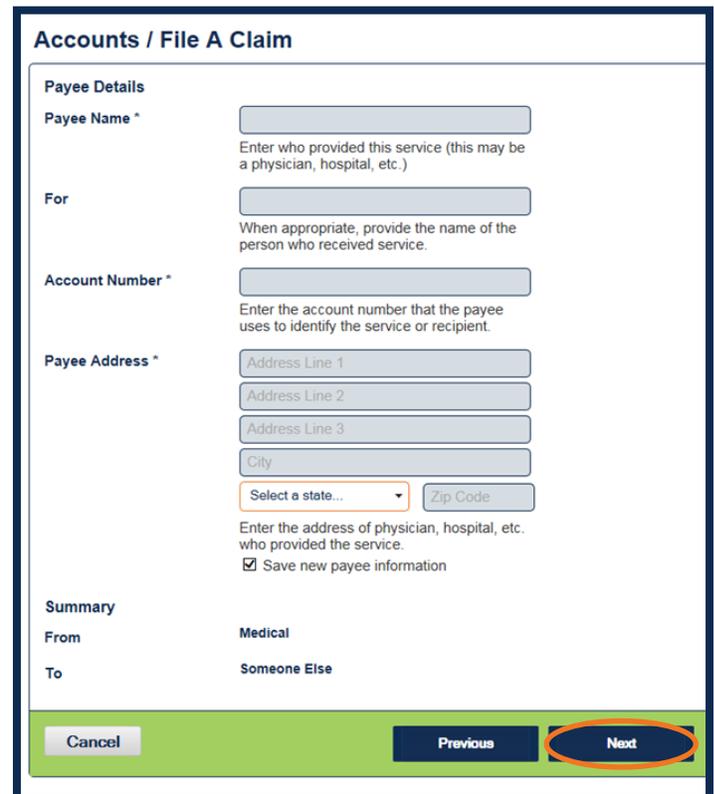
The screenshot shows the Discovery Benefits Home page. The navigation menu includes Home, Dashboard, Accounts, Resources, Statements & Notifications, and Profile. The main content area features a banner for "It's Annual Enrollment Time" with an "ENROLLMENT TIME" callout. Below the banner is a "Sign up today! View More" link and an "Enroll Now" button. To the right, there is a "I Want To..." section with three buttons: "Enroll Now", "File A Claim" (circled in orange), and "Enroll in HSA". Below this is an "Available Balance" section showing a Medical FSA balance of \$500.00 and a Variable - Lifetime Ma... balance of \$4,000.00. At the bottom, there is a "Message Center" with "No current messages".

**Step 2:** Select a “Pay From” account and a “Pay To” account from the drop-down menus. Then, click Next.



The screenshot shows the "Accounts / File A Claim" page. The "Create Reimbursement" section includes instructions on how to file claims online and a "Please note" section regarding receipt formats and processing times. Below the instructions are two dropdown menus: "Pay From \*" with "Medical" selected and "Pay To \*" with "Someone Else" selected. 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 orange. A "\* Required" note is visible at the bottom right.

**Step 3:** Complete the applicable fields. Then, click “Next.”



The screenshot shows the "Accounts / File A Claim" page with the "Payee Details" section. The "Payee Name \*" field is required and has a text input field. Below it is a note: "Enter who provided this service (this may be a physician, hospital, etc.)". The "For" field is also required and has a text input field. Below it is a note: "When appropriate, provide the name of the person who received service." The "Account Number \*" field is required and has a text input field. Below it is a note: "Enter the account number that the payee uses to identify the service or recipient." The "Payee Address \*" section includes three text input fields 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 these fields 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" and "To: Someone Else". At the bottom, there are "Cancel", "Previous", and "Next" buttons, with the "Next" button circled in orange.

# Guide to Pay the Provider, continued

**Step 4:** Upload valid documentation. Then, click “Next.”

**Accounts / File A Claim**

Receipt / Documentation  
 Receipt(s) \* Upload Valid Documentation

Summary  
 Pay From Medical  
 Pay To Someone Else

\* Required

Cancel Previous **Next**

**Step 5:** Complete the below fields. Then, click “Next.”

**Accounts / File A Claim**

**Claim Details**

Start Date of Service \* 09/01/2016

End Date of Service 09/01/2016

Amount \* \$ 100.00

Provider \* Sample Hospital

Category \* Medical Expenses

Type \* Hospital Services

Description  
 Sample

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

Recipient \*  
 TEST STARKEY  
 Test Spouse

Summary  
 Pay From Medical  
 Pay To Someone Else  
 Documentation Uploaded Yes

\* Required

Cancel Previous **Next**

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

**Accounts / Transaction Summary**

**Transaction Summary (1)**

From	To	Expense	Amount	Approved Amount	
Medical FSA 01/01/2016-12/31/2016	Hospital	Hospital Services	\$100.00	\$100.00	Remove <b>Update</b>
<b>Total Amount</b>			\$100.00	\$100.00	

**Claims Terms and Conditions** Agreed

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

Cancel Save for Later Add Another **Submit**

**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 01/01/2016-12/31/2016	Hospital	\$100.00	\$100.00	Uploaded(1) Upload another Receipt
<b>Total Approved Amount</b>			\$100.00	

If you have questions, feel free to contact us.

Participant Services Hours of Operation	6:00 a.m. to 9:00 p.m. CST Monday-Friday
Participant Services Phone Number	866-451-3399
Website	www.DiscoveryBenefits.com
Toll-Free Fax Number	866-451-3245
Participant Services Email Address	customerservice@discoverybenefits.com