

HOW TO SEND A PAYMENT TO A MEDICAL PROVIDER THROUGH WEX

UPON LOGIN TO WEX YOU WILL SEE THIS SCREEN

The screenshot shows the WEX Benefits homepage. At the top left is the WEX logo with 'BENEFITS' underneath. To the right are navigation tabs: 'Home' (highlighted with an orange underline), 'Accounts', 'Videos & Forms', and 'Message Center' with a red notification badge containing the number '48'. Below the navigation is a light blue banner with a green field icon containing a red '\$' and a green 'm'. The banner text reads: 'Want to Make a Savvy Financial Move? There's still time! Contribute to the 2023 tax year and optimize your tax savings, build a robust healthcare saving cushion, and ensure you're prepared for future medical expenses.' A dark blue button with white text says 'Contribute Now!'. Below the banner is a white box with the heading 'I Want To:' followed by a row of five blue buttons: 'Reimburse Myself', 'Send Payment', 'Contribute to HSA', 'View Investments', and 'Manage My Expenses'. Below this row is a single blue button labeled 'Get Help'.

CLICK ON SEND PAYMENT

This is a close-up of the 'I Want To:' menu. It features a white background with the heading 'I Want To:' at the top. Below the heading is a horizontal row of five blue buttons with white text: 'Reimburse Myself', 'Send Payment', 'Contribute to HSA', 'View Investments', and 'Manage My Expenses'. Below this row is a single blue button with white text labeled 'Get Help'. The 'Send Payment' button is highlighted with a white border and a slight shadow, indicating it is the selected option.

For those on the HRA 65/35% plan How to send a payment to a provider with an Anthem EOB

COMPLETE THE DROP – DOWN BOX LIKE BELOW AND CLICK ON NEXT

Pay From * Medical ▾

Pay To * Someone Else ▾

Based on your selection, you will be requesting a Claim Reimbursement.

Cancel **Next**

ENTER PAYEE DETAILS – HAVE THE ANTHEM EOB READY

ON PAGE 3 OF THE EOB AT THE TOP YOU WILL FIND

- DOCTOR: ENTER THIS IN PAYEE NAME
- CLAIM NUMBER: ENTER THIS IN ACCOUNT NUMBER

Note: you will need to look up the provider address to enter

ONCE YOU HAVE FILLED OUT THE REQUIRED FIELDS – CLICK ON NEXT

Payee Details * Required

Payee * Add a New Payee
 Select a Saved Payee

Payee Name *
Enter who provided this service (this may be a physician, hospital, etc.)

Who is this for?
When appropriate, provide the name of the person who received service.

Account Number *
Enter the account number that the payee uses to identify the service or recipient.

Payee Address *

Enter the address of physician, hospital, etc. who provided the service.

Save new payee information

Summary

From	Medical
To	Someone Else

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UPLOAD YOUR EOB AND CLICK SUBMIT

Upload Receipt(s) ✕

EOB Anthem 1.16.2024.pdf [Remove](#)

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](#)

THE NEXT SCREEN CONFIRMS YOUR UPLOAD. CLICK ON NEXT TO PROCEED

Receipt / Documentation * Required

Receipt(s) * ? [Upload Valid Documentation](#)

EOB Anthem 1.16.2024.pdf [Remove](#)
[Receipt](#)

[View Receipt\(s\)](#)

Summary

Pay From	Medical
Pay To	Someone Else

[Cancel](#) [Previous](#) [Next](#)

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YOU WILL THEN ENTER CLAIM DETAILS

IN THE DROP DOWN BOX CATEGORY SELECT “MEDICAL EXPENSES”

IN THE DROP DOWN BOX TYPE SELECT “MEDICAL DEDUCTIBLE”

FOR RECIPIENT CLICK ON THE MEMBER OF YOUR FAMILY WHO RECEIVED THE SERVICE

THEN CLICK NEXT

Claim Details * Required

Start Date of Service *	<input type="text" value="mm/dd/yyyy"/>
End Date of Service	<input type="text" value="mm/dd/yyyy"/>
Amount *	\$ <input type="text"/>
Provider *	<input type="text" value="from page 3 EOB"/>
Category *	<input type="text" value="Medical Expenses"/>
Type *	<input type="text" value="Medical Deductible"/>
Description	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p><small>If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.</small></p>
Recipient *	<p><input type="radio"/> Gwen Goodman</p> <p><input type="radio"/> Lee Nellis</p> <p>Add Dependent</p>
Summary	
Pay From	Medical
Pay To	Someone Else
Documentation Uploaded	Yes

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YOU WILL THEN SEE A TRANSACTION SUMMARY WHERE YOU WILL CHECK THE BOX UNDER CLAIM TERMS AND CONDITIONS

IF YOUR EOB HAS MORE THAN ONE CLAIM ON IT YOU CAN ALSO ADD ANOTHER BEFORE CHECKING THE BOX

FOR THOSE ON THE HRA 65/35% NOTE THAT THE FPU HRA IS PAYING 65% OF THE DEDUCTIBLE

AND IF YOU HAVE AN FSA IT WILL COVER DIRECTLY YOUR 35% COST SHARE

Transaction Summary (2)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT		
+ Health Reimbursement Arrangement 01/01/2024-12/31/2024	On Page 3 of EOB enter info from Doctor	Medical Deductible	\$1,000.00	\$650.00	Remove	Update
+ Medical FSA Carryover 640 01/01/2024-12/31/2024	On Page 3 of EOB enter info from Doctor	Medical Deductible	\$350.00	\$350.00	Remove	Update
Total Amount			\$1,350.00	\$1,000.00		

Claims Terms and Conditions

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

Cancel Save for Later Add Another Submit

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YOU WILL HAVE AN OPPORTUNITY TO PRINT YOUR CONFIRMATION FOLLOWING SUBMITTAL

YOU CAN MONITOR THE PROGRESS OF YOUR CLAIMS STATUS BY CLICKING ON THE BLUE "HEALTH REIMBURSEMENT" FOUND WHEN YOU SCROLL DOWN ON THE HOME PAGE

01/01/2024-12/31/2024 HRA

AVAILABLE

Health Reimbursemen...  \$4,136.43

HERE IS AN EXAMPLE OF WHAT YOU WILL FIND

DATE OF SERVICE ▾	ACCOUNT	MERCHANT/PROVIDER	CLAIM STATUS	AMOUNT
+ 01/25/2024	Health Reimbursemen...	CVS/PHARMACY #00008	Paid	\$92.16
+ 01/20/2024	Health Reimbursemen...	SHAWS OSCO 0624	Paid	\$22.52
+ 01/17/2024	Health Reimbursemen...	CVS/PHARMACY #00008	Paid	\$131.13
+ 01/17/2024	Health Reimbursemen...	UMass Memorial Medical Center	Paid to Provider	\$711.72
+ 01/12/2024	Health Reimbursemen...	UMass Memorial Medical Center	Paid to Provider	\$209.13
+ 01/09/2024	Health Reimbursemen...	UMass Memorial Medical Center	Paid to Provider	\$343.82

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