

Easy Claims System – Request Reimbursement

Reasons for requesting reimbursement:

- Employer does not offer a Benefits Card
- Used my own form of payment
- Provider does not accept credit cards

How to Request Reimbursement using the Easy Claims System

1. Login to your Easy Claims System account at www.easyenrollment.net (if you forgot your password, click on Forgot Password link to reset your password)
2. Once logged in, all of your active claims are available – you have the option to Request Reimbursement, Submit Substantiation, or Ignore. Click on the blue icons to see the detail of your visits.

My Claims My Accounts

Show \$0 Claims OFF

Show Old Claims OFF

Provider: ADVOCATE SHERMAN HOS... **Patient:** CHRISTOPH BELLINGER

Date of Service:	11/19/2018	Request Reimbursement
Your Responsibility:	\$233.75	
Documentation:		I Used my Debit Card, do not Request Reimbursement
Procedure Name:	Medical Emerg Lab Emergency Med Visit	Ignore This

Provider: WALGREENS #04463 **Patient:** CHRISTOPH BELLINGER

Date of Service:	11/19/2018	Request Reimbursement
Your Responsibility:	\$3.85	
Documentation:		I Used my Debit Card, do not Request Reimbursement
		Ignore This

Provider: WALGREENS #04463 **Patient:** CHRISTOPH BELLINGER

Date of Service:	11/19/2018	Request Reimbursement
Your Responsibility:	\$1.64	
Documentation:		I Used my Debit Card, do not Request Reimbursement

- To Request Reimbursement, click on the Request Reimbursement – you then have the option to request the full amount or other amount. You also have the option to add notes, and then click Submit Request. You will receive the message “Are you sure you’d like to flag this claim for reimbursement?” click OK.

****For HRA claims, always request the full amount – our system needs the total amount in order to process your claim in full and will include any formulas associated with the HRA account****

Provider: WALGREENS #04463 Patient: CHRISTOPH BELLINGER

Date of Service: 11/19/2018
 Your Responsibility: \$3.85
 Documentation:

Request Reimbursement

Full Amount \$3.85
 Other Amount

\$

Message from webpage

Are you sure you'd like to flag this claim for reimbursement?

OK Cancel

I Used my Debit Card, do not Request Reimbursement

Ignore This

- Your claim is received by BBP Admin and will be processed within 72 business hours. No claim form – no submitting separate substantiation!

Provider: WALGREENS #04463 Patient: CHRISTOPH BELLINGER

Request Submitted [Why this status?](#)

Date of Service: 11/19/2018
 Your Responsibility: \$3.85
 Documentation:

Claim Request

Requested Amount: \$3.85
 Requested Date: 2/18/2019
 Status: Submitted

