### Frequently Asked Questions (FAQs) Making sense of Explanation of Payment (EOP) notices





An **Explanation of Payment (EOP)** provides details on claims that have been paid, denied or adjusted. There may be times during the plan year when you receive an EOP from PayFlex. Sometimes it isn't always clear what you should do next.

This document provides samples of the four most common EOPs, along with helpful Frequently Asked Questions (FAQs) related to each one.

### **EXAMPLE:** Reimbursement Check Explanation of Payment (EOP)

Reimbursement Account and you will be notified of respect to your Depende will be conducted and you confirm the specific appey you have the right to bring applicability of ERISA to   PayFlex Systems USA, Inc. FLEX DEPARTMENT P.O. BOX 3039 OMAHA, NE 68103-3039   \$6-7/8901   VOID 90 DAYS FROM DATE OF ISSUE     PayFlex Systems USA, Inc.   FLEX DEPARTMENT P.O. BOX 3039 OMAHA, NE 68103-3039   \$6-7/8901   DATE OF ISSUE     PayFlex Systems USA, Inc.   FLEX DEPARTMENT P.O. BOX 3039 OMAHA, NE 68103-3039   DATE AMOUNT 03/15/2018   AMOUNT ****\$175.00     Pay   *** ONE HUNDRED SEVENTY-FIVE DOLLARS AND NO CENTS ***   DATE 03/15/2018   AMOUNT ****\$175.00     PayFlex Systems USA, Inc.   TO THE CROER   S6-7/8901   DATE 03/15/2018   AMOUNT *****\$175.00									
documentation is below. If further action is required, please provide the requested documentation or payment to PayFlex via fax or mail as soon as possible but no later than the ind of your plan's run out period.     Check # 000070682   Check Date: 03/15/2016   Total Check Amount ****\$175.00     Count Name   Annual Election   Deposits   Total Paid   Election Remaining   Ant This Payment     C015) Healthcare (PSA)   Stroto Date: 0   500.00   \$106.00   \$2.365.00   \$175.00     Annual Election   Deposits   Total Paid   Ant This Payment   Ant This Payment     C015) Healthcare (PSA)   Medica   015/2016   \$175.00   \$2.365.00   \$175.00     Remark: The separate for reinhoursement and has been demist. The service may have been provided before your 2015/118   \$0.00   \$100.00 <th></th> <th>(</th> <th></th> <th>-</th> <th>nent</th> <th>)</th> <th></th> <th></th> <th></th>		(		-	nent	)			
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(2015) Healthcare (FSA)   \$2,500.00   \$200.00   \$195.00   \$2,305.00   \$175.00     This Payment Includes     Account Name   Expense   Service Dates   Ant Requested   Ant Paid   Ant This     (2015) Healthcare (FSA)   Medical   03/15/2016   \$175.00   \$175.00   \$0.00   02/13/162   \$175.00     Dental   03/15/2016   03/15/2016   \$175.00   \$0.00   \$0.00   02/13/162   \$175.00     Remark: This expense is not eligible for reinbursement and has been denied. The service must have been provided.   Total: \$175.00   Total: \$175.00     Access your account information online at www.mypayflex.com     PayFlex Systems USA, Inc.   [FLEX DEPARTMENT   [P.O. BOX 3039   [OMAHA RE, 68103-3039     Total: \$175.00     Xatement Message 3 will be dipilayed here.     Access your account information and is not just a request for additional information, you are entited to a review (appeal) of the datemation of the explanation in bactle, and your mane (e.g., your empioyer), your name, your empioyer), your name, your empioyer), your name, your empioyer), your name, your empioyer), your name (e.g., your empioyer), your name (e.g., your empioyer), your name, (e.g., your empioye			Your Account B	alance After Thi	s Payment				
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Account Name   Type   Begin   End   Amt Requested   Amt Not Paid   Claim #   Payment     (2015) Healthcare (FSA)   Medical   03/15/2016   03/15/2016   03/15/2016   03/15/2016   03/15/2016   03/15/2016   03/15/2016   03/15/2016   03/15/2016   03/15/2016   00/15/2016   00/21/31182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182   00/21/3182<			This P	ayment Includes	5				
(2015) Healthcare (FSA)   Medical   03/15/2016   03/15/2016   \$175.00   \$100.00   002131182   \$175.00     Remark: This expresse is not aligible for interimbursement and has been denied.   Total: \$175.00   \$100.00   002131182   \$175.00     Remark: This expresse is not aligible for interimbursement and has been denied.   Total: \$175.00   Total: \$175.00     Access your account information online at www.mypayflex.com   PayFlex Systems USA, Inc.   [FLEX DEPARTMENT]   [P.O. BOX 3039]   [OMAHA NE, 68103-3039]     Total: \$175.00   No.000070682   Total: \$175.00   No.000070682     Access your account information on alis not just a request for additional information, you are entitled to a review (appeal) of the determination of agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of agree. To obtain a review, you ary our authorized representative should submit a request in writing to the address shown on the explanation of agree. To obtain a review, you ary converts, and other information you would like to have considered, whether or not submitted in connection with the infield claim. You may also review documents, records, and other information you would like to have considered, whether or not submitted in connection with the infield claim. You may also review documents relevant to pruce there insoute and anot a conflex of all documents. Records, and other inform					_				
Dental   03/15/2016   03/15/2016   \$100.00   \$00.00   \$100.00   002/13188   \$0.00     Remark: This expense is not eligible for reimbursement and has been denied. The service must have been provided before you submit for eimbursement. You may submit the claim for the expense after the service has been provided.   Total: \$175.00     Contain the claim for the expense after the service has been provided.     Total: \$175.00     Access your account information online at www.mypayflex.com     PayFlex Systems USA, Inc. [FLEX DEPARTIMENT [P.O. BOX 3039 ] OMAHA NE, 68103-3039     Total: \$175.00     Statement Message 3 will be disposed determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the cols matches thould induce the group name (e.g., your remixed will be considered, whether on on submittee in onnection with the initial claim. You may see or your aname, your member or more with documents records and other information you would the information you would the information service wood countents relevant to your dain. You on your authorized to your same your member or your setting the orinitian second agrees			<u> </u>						
Total: \$175.00     Total: \$175.00     Access your account information online at www.mypayflex.com PayFlex Systems USA, Inc.  FLEX DEPARTMENT  P.O. BOX 3039   DMAHAN RE, 68103-3039 Tol Tree: (869) FSAFLEX Option X  Fax: (402) 231-4310     Statement Message 3 will be displayed here.     Appeals: if this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination fyou have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your request should include the group name (e.g., your amployer), your name, your member identification number and other information including any internation determination for your have request and fee of charge, you may receive reasonable access to and obceins of all documents, records, and other information including any internation determination for your have represent your Depends will be conducted and yo; pointim the specific apper you have the right to imp. applicability of ERISA to   NO. 000070882 WDB DAYS FROM DATE OF ISSUE     MY   **** ONE HUNDRED SEVENTY-FIVE DOLLARS AND NO CENTS *** Will Be TO AD LOCK 34 W 50TH ST OMAHA, NE 08164   DATE 03/15/2016   AMOUNT *****\$175.00	(2015) Healthcare (FSA)								
Total: \$175.00     Access your account information online at www.mypayflex.com     PayFlex Systems USA, Inc. IFLEX DEPARTMENT IP.O. BOX 3039 [OMAHA NE, 68103-3039     Toll Free: (866) FSAFLEX Option X Fax: (402) 231-4310     Statement Message 3 will be displayed here.     Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination of payment notice. Your request and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents, records, and other information induding any internal procedures or any specific determination for your have notified of any counterplayer. PayFlex Systems USA, Inc. FLEX DEPARTMENT Prove Document Records, and other information induding any internal procedures or any specific determination of pour have notified of any counterplayer. PayFlex Systems USA, Inc. FLEX DEPARTMENT Prove Document Records, and other information induding any internal procedures or any specific determination of pour have notified of any counterplayer. PayFlex Systems USA, Inc. FLEX DEPARTMENT Prove Document Records and counterplayer. PayFlex Systems USA, Inc. FLEX DEPARTMENT Prove Documents Records and counterplayer. Document Records and counterplayer. PayFlex Systems USA, Inc. FLEX DEPARTMENT Prove Documents Records and the notified of any contemplayer. PayFlex Systems USA, Inc. FLEX DEPARTMENT Prove Documents Records and the information induding any internal prove the right to bring applicability of ERISA to the HUNDRED SEVENTY-FIVE DOLLARS AND NO CENTS ************************************						en provided befor	re you submit fo	r	
Access your account information online at www.mypayflex.com PayFlex Systems USA, Inc.  FLEX DEPARTMENT  P.O. BOX 3039  OMAHA NE, 68103-3039 Toll Free: (866) FSAFLEX Option X  Fax: (402) 231-4310 Statement Message 3 will be displayed here. Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a nerview, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your equest should include the group name (e.g., your employer), your name, your member identification number and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Upon request and free of charge, you may receive reasonable access to and copies of all documents, records, and other information including any internal procedures or any specifi determination for your He Reimbursment Account and you will be notified of respect to your Depender will be conducted and you confirm the specific appin applicability of ERISA to PAY **** ONE HUNDRED SEVENTY-FIVE DOLLARS AND NO CENTS *** DATE OMAHA, NE 68104 AMOUNT *****\$175.00 ANHA, NE 68104 AMOUNT *****\$175.00 ANHA, NE 68104 ANDINORIZED SIGNATURE	remoursement. rou r	hay submit the claim i	or the expense after t	le service nas beer	n provided.		Tota	1: \$175.00	
	Statement Message 3 w Appeals: If this notice cord determination if you have of address shown on the exp identification number and of like to have considered, wir request and free of charge procedures or any specific determination for your He Reimbursement Account and you will be notified of respect to your Depende will be conducted and you confirm the specific appe- you have the right to bring	Systems USA, Inc Toll Fin vill be displayed here ntains an adverse dete questions or do not ag lanation of payment no wher identifying inform ther or not submitted you may receive real vour may receive real PAY *** ON PAY **** ON To THE KEN I ORDER 34 W	I FLEX DEPAR E: (866) FSAFLEX E: rmination and is not juree. To obtain a review tice. Your request sho ation shown on this r in connection with th sonable access to an PayFlex Sy FLEX DEP P.O. BOX 3 OMAHA, N E HUNDRED SEV BLOCK 56TH ST HA, NE 68164	TMENT   P.O. (Option X   ust a request for ad w, you or your authhuld include the gro orbice, and any com e initial claim. You d copies of all docu rstems USA, Inc ARTMENT 1039 IE 68103-3039 VENTY-FIVE DO	BOX 3039   O Fax: (402) 231-43 ditional information, orized representative sup name (e.g., your ments, documents, may also review doo ments, records, and UMB OMAHA, I	MAHA NE, 681 110 you are entitled to a should submit a remployer), your r records and other suments relevant t lother information NE 68114 56-7/890 CENTS ***	o a review (app request in writ name, your mer information yo io your claim. U including any i 03 03	ing to the nber u would pon nternal DATE	AMOUNT

# **FAQ:** Reimbursement Check Explanation of Payment (EOP)

### Here are some helpful FAQs related to the Reimbursement Check EOP notice

### Why am I receiving this notice?

Your claim was filed and approved. The check attached is your reimbursement check.

### What should I do next?

Cash the check. If you don't cash the check within 90 days, it'll be considered void. And you'll have to call PayFlex to have a new check issued.

### What if this notice lists denied claims?

Read the denial reason(s) and determine if you want to submit additional information to try to get your eligible expense claim(s) paid. The "remark" section will explain why the amount was either denied or requires additional information.

### How do I know if further action is required?

Further action is needed if you have denied claims. Review the "remark" section on your EOP notice for further information.

### What if I don't take action on my denied claims?

Your claims won't get paid.

#### If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

- **1. PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
- 2. PayFlex Mobile<sup>®</sup> app\*: Log in to the PayFlex Mobile app. To get started, view your alerts.
- **3. Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
- 4. Mail: Mail a copy of your EOB (and your EOP) to PayFlex.

## **FAQ:** Reimbursement Check Explanation of Payment (EOP)

Helpful FAQs continued....

### What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

- 1. Send us a detailed receipt that shows the following:
  - Name of the provider or facility that treated you
  - Your name or the name of the patient
  - Date of service
  - Type of service
  - "Final" amount you owe
- 2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
  - The eligible expense has to be from the same plan year
  - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
  - You can't have already been reimbursed for this expense
  - You can't seek reimbursement for this expense elsewhere
  - You, your spouse or eligible dependent must have incurred the eligible expense
- 3. Pay back your account
  - Mail us a check or money order for the <u>exact</u> amount in question. Make payable to: PayFlex.
  - Include a copy of the EOP.

### What does the "Your Account Balance After This Payment" section mean?

This confirms your current account balance now that your reimbursement is issued. The check amount is already deducted from this balance.

### What does the "This Payment Includes" section mean?

The claims that were submitted and processed are listed in this section. This also shows how much of each claim was approved and why any portions of it were denied (if any).

### **EXAMPLE:** Reimbursement Explanation of Payment (EOP)

Explanation of Payment (Reimbursement) Thank you for submitting your claim(s) to PayFlex. We have processed your claim(s) and our determination is below. If further action is required, please provide the requested documentation or payment to PayFlex via fax or mail as soon as possible but no later than the end of your plan's run out period. You are responsible for verifying receipt of funds with your bank before executing any transactions. Draft #: 000947350 Date: 07/13/2016 Total Amount: \*\*\*\*\$13.00 Your Account Balance After This Payment Annual Election Deposits Total Paid Account Name Election Remaining Amt This Payment (2016) Healthcare (FSA) \$1,500.00 \$0.00 \$141.00 \$1,359.00 \$13.00 This Payment Includes Expense Service Dates Amt This Account Name Amt Paid Amt Not Paid Claim # Payment Begin End Amt Requested Type (2016) Healthcare (FSA) Medical 07/01/2016 07/01/2016 \$13.00 \$13.00 \$0.00 002154082 \$13.00 Total: \$13.00 Access your account information online at Aetnnavigator.com or go direct at PayFlexDirect.com PayFlex Systems USA, Inc. | FLEX DEPARTMENT | P.O. BOX 3039 | OMAHA NE, 68103-3039 Toll Free: (866) FSAFLEX Option X | Fax: (402) 231-4310 Do you get your claim notices by mail? You can get them faster by e-mail. Log in to your account and click on My Settings. Then click on the notifications link. Be sure to enter your e-mail address and select the e-mail option for Explanation of Payment. Do you get your claim reimbursements by check? You can get your money faster with direct deposit. Log in to your account and click on the Financial Center tab. Then click on Enroll in Direct Deposit to get started. Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your request should include the group name (e.g., your employer), your name, your member identification number and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Upon request and free of charge, you may receive reasonable access to and copies of all documents, records, and other information including any internal procedures or any specific rules, guide determination for your Health Care Fle \* THIS IS NOT A CHECK \* NO 000947350 Reimbursement Account, then your w PayFlex Systems USA, Inc. and you will be notified of the decision FLEX DEPARTMENT respect to your Dependent Care Acco **PavFlex** P.O. BOX 3039 will be conducted and you will be notifi OMAHA, NE 68103-3039 confirm the specific appeals process a you have the right to bring a civil action AMOUNT DATE alioability of EPISA to your plan 07/13/2016 \*\*\*\*\*\$13.00 PAY \*\*\* THIRTEEN DOLLARS AND NO CENTS \*\*\* \*\* Deposit Advisement \*\* ADVICE EOP TO THE ORDER The above amount has been deposited into 23STREET OMAHA, NE 68154 your account. NON-NEGOTIABLE

# **FAQ:** Reimbursement Explanation of Payment (EOP)

### Here are some helpful FAQs related to the Reimbursement EOP

### Why am I receiving this notice?

Your claim was filed and approved. The check attached lets you know what amount was deposited into your bank account (it's not a live check). This is because you're enrolled in direct deposit.

### What should I do next?

No further action is needed, unless you have denied claims listed.

### What if this notice lists denied claims?

Read the denial reason(s) and determine if you want to submit additional information to try to get your eligible expense claim(s) paid. The "remark" section will explain why the amount was either denied or requires additional information.

### How do I know if further action is required?

Further action is needed if you have denied claims. Review the "remark" section on your EOP notice for further information.

### What if I don't take action on my denied claims?

Your claims won't get paid.

### If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

- **1. PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
- PayFlex Mobile<sup>®</sup> app\*: Log in to the PayFlex Mobile app. To get started, view your alerts.
- **3. Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
- 4. Mail: Mail a copy of your EOB (and your EOP) to PayFlex.

# **FAQ:** Reimbursement Explanation of Payment (EOP)

### Helpful FAQs continued...

### What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

- 1. Send us a detailed receipt that shows the following:
  - Name of the provider or facility that treated you
  - Your name or the name of the patient
  - Date of service
  - Type of service
  - "Final" amount you owe
- 2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
  - The eligible expense has to be from the same plan year
  - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
  - You can't have already been reimbursed for this expense
  - You can't seek reimbursement for this expense elsewhere
  - You, your spouse or eligible dependent must have incurred the eligible expense
- 3. Pay back your account
  - Mail us a check or money order for the <u>exact</u> amount in question. Make payable to: PayFlex.
  - Include a copy of the EOP.

### What does the "Your Account Balance After This Payment" section mean?

This confirms your current account balance now that your reimbursement is issued. The direct deposit amount is already deducted from this balance.

### What does the "This Payment Includes" section mean?

The claims that were submitted and processed are listed in this section. This also shows how much of each claim was approved and why any portions of it were denied (if any).

### **EXAMPLE:** Overpayment Due Explanation of Payment (EOP)

		Explanation of Payment (Overpayment Due)	>			
that has been den overpaid amount. following: 1) Fax o (from your insurat or EOB for anothe greater than or eq	ied. The denied ar In order to keep y or mail in a <u>legible</u> nce provider) for t r eligible expense ual to the original	nount shown in this Exp our account in compliar copy of the detailed rec he denied expense; OR incurred in the same pl	ave been reimbursed for a c planation of Payment (EOP) nce, you <u>must</u> do one of the eipt or Explanation of Bene 2) Fax or mail in a detailed r an year and having an amo Mail a check to PayFlex for t	was the fits receipt unt		
•	ceptable docume	ntation by 07/21/2016.		_		
NO. #: 000944096		Date: 06/23/2016	Total Amount:	\$0.00		
		This Payment Includes		_		
Account Name		Service Dates egin End Amt Requested	I Amt Paid Amt Not Paid Claim #	Amt This # Payment		
Account Name		1/2016 04/01/2016 \$941.51				
Remark: This expense expense.	s not eligible for reimbursen	nent and has been denied. The cost of o	overnight camp is not an eligible dependent o	care		
				Total: \$0.00		
PayFlex S Do you get your claim not the notifications link. Be s claim reimbursements by Center tab. Then click on	ystems USA, Inc.   FL Toll Free: (866 ices by mail? You can get ure to enter your e-mail a check? You can get your Enroll in Direct Deposit to	EX DEPARTMENT   P.O. BOX (5) FSAFLEX Option X   Fax: ( them faster by e-mail. Log in to you ddress and select the e-mail option money faster with direct deposit. Lo g get started.	r go direct at PayFlexDirect.com 3039   OMAHA NE, 68103-3039 402) 231-4310 ur account and click on My Settings. Th n for Explanation of Payment. Do you ge og in to your account and click on the Fi l information, you are entitled to a review (ap	et your inancial		
determination if you have que			representative should submit a request in w			
address shown on the explaid identification number and ott like to have considered, whe request and free of charge, y procedures or any specific n determination for your Healt Reimbursement Account, th and you will be notified of the respect to your Dependent to mill be to your Dependent	PayFlex	PayFlex Systems USA, Inc. FLEX DEPARTMENT P.O. BOX 3039 OMAHA, NE 68103-3039	* THIS IS NOT A CHECK *		NO. 000944096 DATE: 06/23/2016	
		At least one of your	accounts is in an overpaid status. P	Please remit the amour	t below.	
					mount Due: \$941.51	
	387 E BECK			Total Amount Paid		
	COLUMBUS	5, UH 43200				

NON-NEGOTIABLE

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## **FAQ:** Overpayment Due Explanation of Payment (EOP)

### Here are some helpful FAQs related to the Overpayment Due EOP

### Why am I receiving this notice?

Here are some common reasons why you may receive this notice:

- You didn't provide documentation for a card purchase/s in question.
- You submitted incorrect documentation for a card purchase/s in question.
- You submitted a Flexible Spending Account (FSA) claim that was denied while there was an overpayment on the account.
- You submitted documentation to clear the overpayment that wasn't exactly enough to clear it.

### What should I do next?

You need to take action. Send PayFlex an Explanation of Benefits (EOB), another claim to replace the one in question or send PayFlex a check for the amount in question. If you were submitting a claim for reimbursement, submit the claim again with the additional supporting documentation needed.

### What if this notice shows \$0.00 are remaining in overpayment?

No further action is required.

#### What does the check mean?

The check shows the total amount due back to the account (this isn't a live check).

#### What if this notice lists denied claims?

Read the denial reason(s) and determine if you want to submit additional information to try to get your eligible expense claim(s) paid. The "remark" section will explain why the amount was either denied or requires additional information.

### What if I don't take action on my denied claims?

Your claims won't get paid. And your account will remain in "overpayment" status.

### **FAQ:** Overpayment Due Explanation of Payment (EOP)

### Helpful FAQs continued...

#### If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

- **1. PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
- 2. PayFlex Mobile<sup>®</sup> app\*: Log in to the PayFlex Mobile app. To get started, view your alerts.
- **3. Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
- 4. Mail: Mail a copy of your EOB (and your EOP) to PayFlex.

#### What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

- 1. Send us a detailed receipt that shows the following:
  - Name of the provider or facility that treated you
  - Your name or the name of the patient
  - Date of service
  - Type of service
  - "Final" amount you owe
- 2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
  - The eligible expense has to be from the same plan year
  - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
  - You can't have already been reimbursed for this expense
  - You can't seek reimbursement for this expense elsewhere
  - You, your spouse or eligible dependent must have incurred the eligible expense
- 3. Pay back your account
  - Mail us a check or money order for the <u>exact</u> amount in question. Make payable to: PayFlex.
  - Include a copy of the EOP.

#### What does the "This Payment Includes" section mean?

The claims or card charges that were submitted are listed in this section. This also shows how much of each claim was approved and why any portions of it were denied (if any). It will total any approved amounts and then show them being applied toward the overpayment. 11

### **EXAMPLE:** Denial Explanation of Payment (EOP)

	Explanation (Den	-					
Thank you for submitting your cla due to the reason(s) provided bel							
denied claim(s) which may requir documentation to PayFlex via fax		ormation. Please	provide tl	he requeste	ed		
	Date: 07/1	11/2016		Total Amour	nt *****\$0.00		
Expense Turo	Service Dates Begin Er	d Amt Domostad	Amt Paid	Amt Not Deid	Claim #		
Account Name Type Medical	Begin Er 07/01/2016 07/01/		Amt Paid \$0.00	Amt Not Paid \$20.00	Claim # 002153894		
Remark: This expense is not eligible for reimburs is based on the date of service.							
Access your account informa PayFlex Systems USA, Inc.   Toll Free: ( Do you get your claim notices by mail? You can the notifications link. Be sure to enter your e-ma claim reimbursements by check? You can get yo Center tab. Then click on Enroll in Direct Deposi Action 2015 Action 2015 Action 2015 Action 11 of you have questions or do not agree. address shown on the explanation of payment notice. identification number and other identifying information like to have considered, whether or not submitted in co request and free of charge, you may receive reasonal procedures or any specific rules, guidelines or protoco determination for your Health Care Flexible Spending Reimbursement Account, then your written request for and you will be notified of the decision within 60 days;	FLEX DEPARTMEN 866) FSAFLEX Optio get them faster by e-r iil address and select bur money faster with it to get started. ation and is not just a rei To obtain a review, you o Your request should ind n shown on this notice, a onnection with the initial ible access to and copie: ols relied upon or used d Account, Health Reimb or review must be filed w	T [P.O. BOX 3039 m X [Fax: (402) 231 mail. Log in to your accou the e-mail option for Expl direct deposit. Log in to y quest for additional informati r your authorized rapresent. ude the group name (e.g., y ind any comments, documer claim. Your may also review s of all documents, records, uring the processing of you ursement Account, Limited I thin 180 days following rece	OMAHA NE -4310 nt and click o anation of Pa our account a on, you are en tive should su your employer), ts, records an documents rel and other infor r claim. If you a Flexible Spendi tot of this notic	E, 68103-3039 in My Settings. T syment. Do you and click on the titled to a review ( bmit a request in your name, your d other informatio evant to your clair mation including a are appealing an a ing Account or Re e. A review will b	get your Financial (appeal) of the writing to the member n you would m. Upon any internal adverse stiree e conducted		
respect to your Dependent Care Account, then your v will be conducted and you will be notified of the decisi confirm the specific appeals process available to you, you have the right to bring a civil action under Section applicability of ERISA to your plan.		PayFlex Systems USA, I FLEX DEPARTMENT P.O. BOX 3039 OMAHA, NE 68103-3039	*1 nc.	THIS IS NOT A			
						DATE /11/2016	AMOUNT ******\$0.0
	PAY *** NO DO TO THE ROY OVE OF 409 SW 3 OMAHA, I	4TH ST					
			NON-NE	EGOTIABLE			

### Here are some helpful FAQs related to the Denial EOP

### Why am I receiving this notice?

You submitted a claim that was denied.

#### What should I do next?

Read the denial reason(s) and determine if you want to submit additional information to try to have your eligible expense claim(s) paid. The "remark" section will explain why the amount was either denied or requires additional information.

#### What does the check mean?

It has no purpose and will always reflect \$0.00 (this isn't a live check).

#### What if I don't take action on my denied claims?

Your claims won't get paid.

#### If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

- **1. PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
- 2. PayFlex Mobile<sup>®</sup> app\*: Log in to the PayFlex Mobile app. To get started, view your alerts.
- **3. Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
- 4. Mail: Mail a copy of your EOB (and your EOP) to PayFlex.

### Helpful FAQs continued...

### What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

- 1. Send us a detailed receipt that shows the following:
  - Name of the provider or facility that treated you
  - Your name or the name of the patient
  - Date of service
  - Type of service
  - "Final" amount you owe
- 2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
  - The eligible expense has to be from the same plan year
  - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
  - You can't have already been reimbursed for this expense
  - You can't seek reimbursement for this expense elsewhere
  - You, your spouse or eligible dependent must have incurred the eligible expense
- 3. Pay back your account
  - Mail us a check or money order for the <u>exact</u> amount in question. Make payable to: PayFlex.
  - Include a copy of the EOP.

### We're here to help. Visit payflex.com or call us at 1-844-PAYFLEX.



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