

# Filing a Claim with PayFlex

PayFlex  
844-PAYFLEX (729-3539)

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON, DC

## HEALTH CARE / DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNTS

You have three ways to submit a Flexible Spending Account (FSA) claim with PayFlex:

### 1. Submit a claim online

- Once you log in to **payflex.com**, select **File a Claim**.
- Enter your claim information. To add additional claims, select **Add Another Claim**.
- Once you have entered in all of your claims, click **Next**.
- Confirm all expense details and click **Next**. To make changes, click **Previous**.
- To include supporting documentation, select **Fax** or **Upload**.
  - To "Upload," use the **Browse** button. Select your documentation from your computer. To add additional documents, click **Add Additional Document**. *Note: Each document must be uploaded in a PDF format.*
  - To "Fax," click **Create Coversheet**. Print and sign the form. Fax it with your documentation to the number listed on the coversheet. When you sign the fax coversheet, you certify that your claim is for an eligible expense.



#### Quick Tip

When you submit a claim, you'll need to include supporting documents. Learn more on page 2.

### 2. Use the PayFlex Mobile® app

- Download the PayFlex Mobile app from your mobile app store. Log in to the app with the same username and password that you use for the PayFlex website.
- From the Financial Center, select **File Claim**.
- Select **The George Washington University (Flex)** and your expense type.
- In the **Expense Start Date** field, enter the date of service or purchase.
- Enter the amount that you paid for the product or service. For a dependent care expense, enter the expense end date and your dependent's name.
- To attach a document, select the **Add Photo** image. Then, select **Review Claim**.
- After you review your claim, select **Submit**. If you need to make a change, select **Cancel**.
- Select **I Agree** to submit your claim. Select **Go Back** to make a change.

### 3. Send a paper claim form to PayFlex

- Go to [payflex.com](https://payflex.com) and click **Documents & Forms** at the top of the page.
- Select **Administrative Forms** and click **Flexible Spending Account Claim Form**.
- Complete all fields of the form. Sign and date the form.
- Mail or fax your completed claim form and supporting documentation to PayFlex.
  - **Mail:** PayFlex Systems USA, Inc.  
PO Box 981158  
El Paso, TX 79998-1158
  - **Fax:** (402) 231-4310 or (855) 703-5305



#### **Don't Forget**

You can get your claim payments faster with direct deposit. Sign up online today!

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## Supporting Documents

### Health Care FSA claims must include:

- An Explanation of Benefits (EOB) statement from your insurance company
- Or, an itemized statement/detailed receipt showing:
  - Merchant or provider name
  - Patient name (if applicable)
  - Date of service
  - Description of service or product
  - Final amount you had to pay

### Dependent Day Care FSA claims must include:

- A statement showing:
  - Dependent name and age
  - Provider name
  - Date(s) of service
  - Service description
  - Amount of service
- Or, your provider's signature on the claim form

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## Questions?

Call PayFlex at 1 (844) 729-3539. Available Mon - Fri 8 a.m. to 8 p.m. EST, and Sat 10 a.m. - 3 p.m. EST.

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Benefits

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