


How to file a claim in your online account

This article outlines how to file a claim in your online account to reimburse yourself.

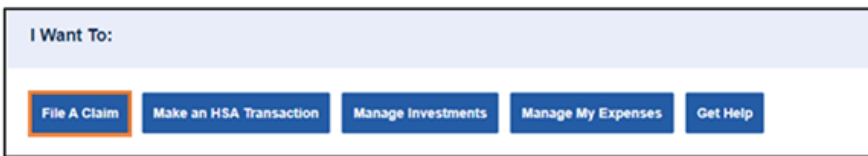
Note: Don't file claims for expenses paid with your WEX benefits card, as this could result in duplicate claim payments.

Additional resources

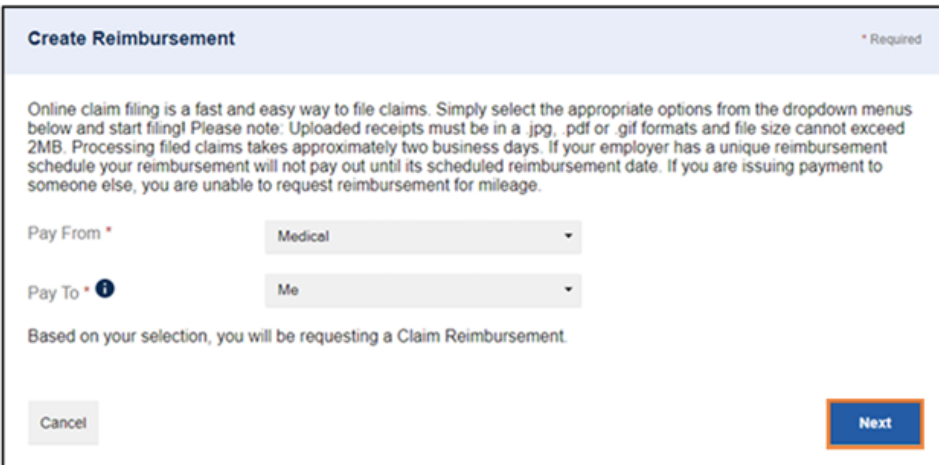
- To watch a video tutorial, [click here](#). 
- To pay a provider instead, see [How to send a reimbursement check directly to a provider in your online account](#).
- You can also use the WEX benefits mobile app to file a claim and upload documentation. See [How to file a claim in the WEX benefits mobile app](#) for instructions.

To file a claim for reimbursement in your online account, complete the following steps:

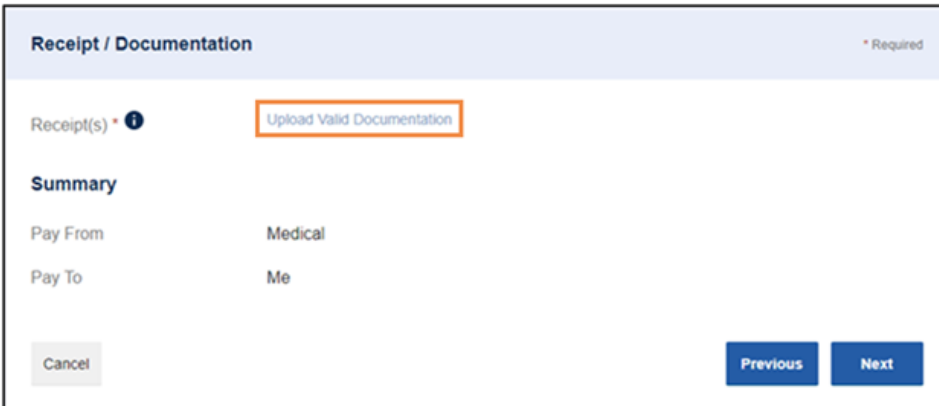
1. Log in to your online account.
2. Click "File A Claim" in the I Want To section of the Home tab.



3. Select which account you'd like to be reimbursed from in the Pay From drop-down list. Select "Me" from the Pay To drop-down list and then click "Next."



4. Click "Upload Valid Documentation."



5. Click "Browse for a file," select the file containing your receipt, and click "Open" and then "Submit."

Note: Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and can't exceed 8 MB.

Upload Receipt(s) ✕

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

6. Click "Next."

7. Complete the required fields and then click "Next."

Claim Details * Required

Start Date of Service *

End Date of Service

Amount * \$

Provider *

Category * Select a category...

Type * Select a type...

Description

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

Recipient * Scott Johnson

Add Dependent

Did You Drive To Receive This Product/Service? * Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

Cancel
Next

8. Review your transaction summary. If changes are needed, click "Update." Then click "Submit."

Transaction Summary (1)					
FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT	
+ Medical FSA 01/01/2021-12/31/2021	Me	Over-the-Counter Products	\$10.00	\$10.00	Remove Update
Total Amount			\$10.00	\$10.00	

[Cancel](#) [Save for Later](#) [Add Another](#) [Submit](#)

9. You'll receive a confirmation message that verifies the claim was successfully submitted. Your documentation will process within two business days. Reimbursement will issue as a direct deposit or mail as a check, depending on your plan setup.

Confirmation					Print Confirmation
Your claim has been successfully submitted.					
Successfully Submitted					
FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS	
+ Medical FSA 01/01/2021-12/31/2021	Me	\$10.00	\$10.00	Uploaded(1) Upload another Receipt	
TOTAL APPROVED AMOUNT			\$10.00		

Note: You'll be notified if further documentation is needed. If you have an email address on file, you'll be notified via email. Otherwise, you'll be notified by mail.

