

# Online Claims Entry with Receipt Upload

1. Log in to our website at [www.innovaben.com](http://www.innovaben.com).
2. Click the Online Claim Entry link or icon.

**Benefits** | **Contacts**

**Daisy Jane's Weeding and Tilling Service**

Change Personal Information | Change Role | Change Password | Logout

You are logged in as **Daisy Jane Howard**,  
Employee for Daisy Jane's Weeding and Tilling Service (16951789)

**Hello Daisy Jane**

[Click here to read your notes](#)

**Welcome to your private website,  
YOUR Online Resource Service Center!**

Here you can ...

- Learn how your Benefit Plans work!
- See your Account History and Current Balances.
- Download any forms you need.
- Find out when you can change your elections in mid-year.
- Much more as you experience your site.

Just click on the section on your left, and we will take you there!

To find out: Who to contact for your benefit plans?  
Click on the Contacts Tab above.  
Here you can find out ...

- Name
- Address

**Benefit Services**

- FAQs
- Online Claims Entry**
- Calculators
- View Your New Documents

Done | Internet | 100%

3. Click Start New Claim Form

**Benefits** | **Contacts**

**Daisy Jane's Weeding and Tilling Service**

Change Role | Change Password | Logout

You are logged in as **Daisy Jane Howard**,  
Employee for Daisy Jane's Weeding and Tilling Service (16951789)

**Online Claims Entry**

**1 Start Your Claims Form**  
Click on the "Start New Claim Form" button to begin. You can also select previously created claims, if you have any, from the list below.

**Start New Claim Form**

**Previous Claims Entered:**

View: **Last 30 Days**

Form ID	Date Created	Date Printed	Total Claim Amount	Status	Re-Printed *			
36201	4/22/2012	4/22/2012	\$9.00	Printed	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
62201	4/13/2012	4/13/2012	\$6,666.00	Submitted	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PENDING]</a>	<a href="#">[DELETE]</a>
52201	4/13/2012	4/13/2012	\$5,555.00	Submitted	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PENDING]</a>	<a href="#">[DELETE]</a>
35201	4/18/2012	4/18/2012	\$11.11	Claim Received	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
94201	4/18/2012	4/18/2012	\$2.00	Claim Received	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
74201	4/18/2012	4/18/2012	\$25.00	Claim Received	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
34201	4/16/2012	4/16/2012	\$4,334.00	Claim Received	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
24201	4/16/2012	4/16/2012	\$33.22	Claim Received	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
63201	4/16/2012	4/16/2012	\$4,321.00	Claim Received	<input checked="" type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
53201	4/16/2012	4/16/2012	\$2,121.00	Claim Received	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
43201	4/16/2012	4/16/2012	\$1,212.00	Claim Received	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>

Internet | 100%

4. Select the type of claim you wish to enter.

**Benefits** | **Contacts**

**Daisy Jane's Weeding and Tilling Service**

Change Role | Change Password | Logout

You are logged in as Daisy Jane Howard  
Employee for Daisy Jane's Weeding and Tilling Service (16951789)

### Claim Form ID

**2 Select Your Benefits Resource**  
Add an expense by selecting which benefit resource will fund the expense.

**Participant:** Daisy Jane Howard  
118 Breckenridge Lane  
Little Rock AR 72204

**Date Created:**  
**Date Printed:**  
**Date Received:**

**Add an Expense**

- [Enter an FSA or HRA Medical Claim](#)
- [Enter a Dependent Care Claim](#)
- [Enter a Parking Claim](#)
- [Enter a Transit Claim](#)

**Claim Expenses:**

Date Entered	Type	Receipt/EOB Number	Claimant	Relationship	Begin Service Date	End Service Date	Amount	Service	Provider
Claims: 0 Total: \$0.00									

After entering all your claims you must print the receipt cover sheet and fax it with your receipts to receive reimbursement.

[Return to Claim Form List](#) | [Print the Receipt Cover Sheet](#)

You do not seem to have the Acrobat Reader® installed.  
Adobe® Acrobat Reader® is required to print the receipt cover sheet. You can download the latest version of Acrobat Reader® here:  
<http://www.adobe.com>

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5. You may choose to Submit Online or Fax.

- Choosing to Submit Online allows you to upload the receipt in the form of a .pdf document, .bmp, .gif, .png, or .jpg file.
- If you choose to Submit Online you will not have to print and fax.
- You can still choose to print and fax the forms by selecting the Fax option.

**Enrollment** | **Fulfillment** | **Life Events** | **Q & A** | **Personal Information** | **Changes** | **Manage Subscriptions** | **Online Claims Entry**

**Back to TPA site**

### Enter a Claim

**3 Enter All Required Fields**  
Enter all required fields, which are indicated in red with an \*

How do you want to submit this claim?

Submit Online  
 Fax

**Upload Receipts**

**Upload Receipt:\***  [Browse...](#)

**Claim**

Pay me  Pay the Provider

**Receipt/EOB Number:**  [Have Questions?](#)

**Claimant:**  [Have Questions?](#)

**Date of Birth:**  [Have Questions?](#)

**Relationship:**  [Have Questions?](#)

**Service Dates:\***  -  [Have Questions?](#)

**Amount:\***  [Have Questions?](#)

**Service/Expense:\***  [Have Questions?](#)

**Provider Name:**  [Have Questions?](#)

**Provider Tax ID:**  [Have Questions?](#)

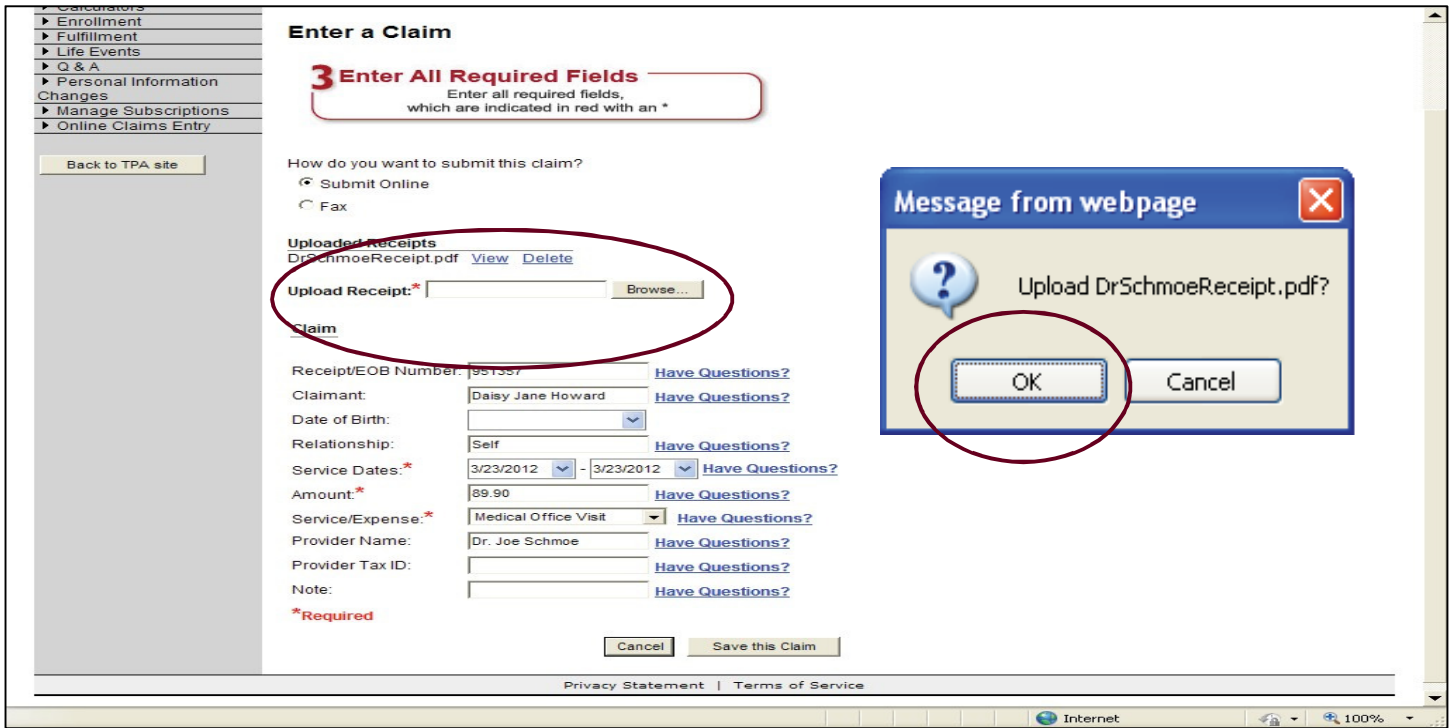
**Note:**  [Have Questions?](#)

**\*Required**

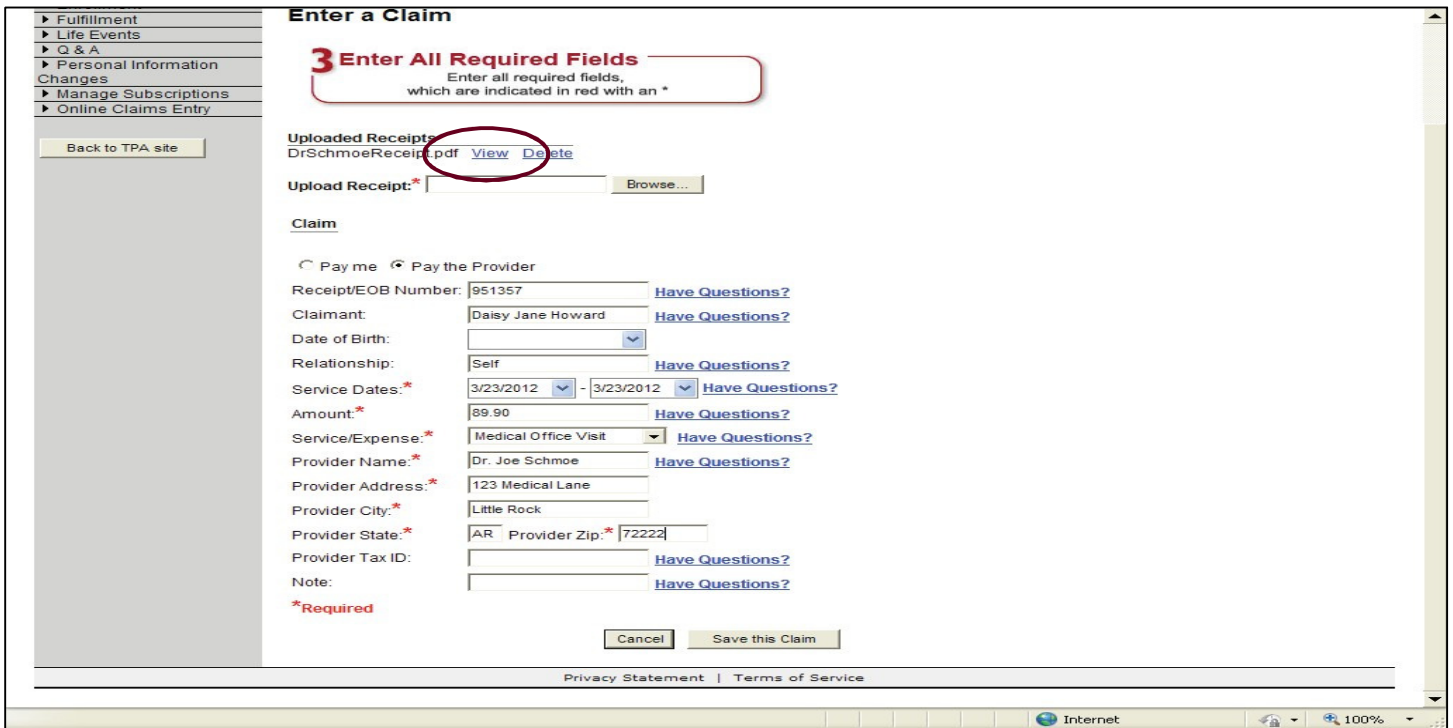
[Cancel](#) | [Save this Claim](#)

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6. To upload the receipt click Browse, locate the .pdf, .bmp, .gif, .png, or .jpg file. Click OK.



7. You can click the View link to view the file you uploaded and make sure it is readable.



8. Complete the claim fields and click Save the Claim Form. If you have selected Submit Online, you cannot save unless you have attached a receipt.

**Enter a Claim**

**3 Enter All Required Fields**  
Enter all required fields, which are indicated in red with an \*

**Uploaded Receipts**  
DrSchmoeReceipt.pdf [View](#) [Delete](#)

Upload Receipt:\*  [Browse...](#)

**Claim**

Pay me  Pay the Provider

Receipt/EOB Number: 951357 [Have Questions?](#)

Claimant: Daisy Jane Howard [Have Questions?](#)

Date of Birth:

Relationship: Self [Have Questions?](#)

Service Dates:\* 3/23/2012 - 3/23/2012 [Have Questions?](#)

Amount:\* 89.90 [Have Questions?](#)

Service/Expense:\* Medical Office Visit [Have Questions?](#)

Provider Name:\* Dr. Joe Schmoe [Have Questions?](#)

Provider Address:\* 123 Medical Lane

Provider City:\* Little Rock

Provider State:\* AR Provider Zip:\* 72222

Provider Tax ID:  [Have Questions?](#)

Note:  [Have Questions?](#)

\*Required

[Cancel](#) [Save this Claim](#)

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9. You can continue to enter additional claims and upload/attach receipts until you have completed all of your claims by selecting the type of claim you wish to enter again.

Add an Expense  
[Enter an FSA or HRA Medical Claim](#)  
[Enter a Dependent Care Claim](#)  
[Enter a Parking Claim](#)  
[Enter a Transit Claim](#)

10. Once you have entered your last claim click Submit the Claim Form Online.

**Participant:** Daisy Jane Howard  
Daisy Jane Howard  
Little Rock AR 72225

Date Created: 5/3/2012  
Date Printed:  
Date Received:

[Add an Expense](#)  
[Enter an FSA or HRA Medical Claim](#)  
[Enter a Dependent Care Claim](#)  
[Enter a Parking Claim](#)  
[Enter a Transit Claim](#)

**Claim Expenses:**

Date Entered	Type	Receipt/EOB Number	Claimant	Relationship	Begin Service Date	End Service Date	Amount	Service	Provider
5/3/2012	Medical	951357	Daisy Jane Howard	Self	3/23/2012	3/23/2012	\$89.90	Medical Office Visit	Dr. Joe Schmoe

Claims: 1 Total: \$89.90

After entering all your claims you must print the receipt cover sheet and fax it with your receipts to receive reimbursement.

[Save the Claim Form](#) [Submit the Claim Form Online](#)

You do not seem to have the Acrobat Reader® installed. Adobe® Acrobat Reader® is required to print the receipt cover sheet. You can download the latest version of Acrobat Reader® here: <http://www.adobe.com>

11. If you have provided INNOVA with your email address, you will receive an email notifying you the claim has been received.