



HEALTH EXPENSE FEATURE

With Health Expense from Sterling, you can connect your health plan explanation of benefits (EOBs) with your HSA, HRA or FSA account for an online, single-source view of medical claims and to make payments or reimburse yourself using funds available in your Sterling account. Depending upon your account type, health plan insurance carrier, and your employer's decision to "opt-in" to the service, you will automatically have access for no additional cost to you.

CONNECT TO MY HEALTH PLAN

If the service is available, you'll see "Connect to My Health Plan" in the menu options after you log into your Sterling account. Just follow the simple steps to set up the connection to your health plan EOB information. Remember that the connection is established using your health plan carrier login information (username and password) that you set up with your health plan carrier. This is not the same as your Sterling account login username and password. More information and instructions are found in the "Connect to My Health Plan" section below.

MANAGE MY HEALTH PLAN CONNECTION

After your health plan insurance EOB connection is established, you can go to the menu option "Manage My Health Plan Connection" to update your health plan login information (if you change it through your health plan carrier), or cancel the EOB connection to your Sterling HSA, HRA or FSA account. See "Manage My Health Plan Connection" for details.

SUBMITTING A CLAIM/DISBURSEMENT WITH MY EOB

A claim/disbursement can be submitted by accessing your EOB and start the process from there. More detailed instructions can be located in the 'Submitting a Claim/Disbursement with My EOB' section.

BEFORE YOU START

1. Check to see if your insurance carrier is supported by Health Expense.

Click here → <https://sterlinghsa.healthexpense.com/public/sterling/faq> to see the current list.

2. If your insurance carrier is supported, gather your login credentials for you and your dependent(s). Some insurance carriers require the employees as well as their dependents to have separate login credentials in order to view their own EOBs. Blue Shield is one of them.
3. After you link all of your login credentials, you will see EOBs for each member.

PROCEDURES

You have to perform the following 3 steps in order to view your Explanation of Benefits (EOBs).

CONNECT TO MY HEALTH PLAN

1. Click on "Connect to My Health Plan" at the bottom of the left navigation menu.
2. Enter your Insurance Company's name.
3. Enter your username and password created at your Insurance Company's website.
4. Add notes if you wish.

1 • • • • **2** • • • • **3**
Link Account Verify Status Fam. Members

Insurance company name:
Please include the state name when present,
for example "Blue Cross Blue Shield of Texas"

Linked account username:

Linked account password:

Notes (optional):

If the insurance company is not supported, a message will be displayed:

"The selected insurance company is not yet supported. You can still fill out the account information and we will send you a notification email once it is supported."

5. The purpose of this step is to verify all the data entered in Step 1. If your dependents are under your account with only one login credential, you will see all of them here. If one of them is not on the list, it means that your dependent has a separate login that is needed to establish a connection by clicking 'Link another account'.

Statuses are defined as follows:

- **Verifying:** The data is being verified, please wait. If this process takes more than 30 minutes, please contact us at **1 (800) 617-4729** during business hours.
- **Success:** All the data was successfully retrieved.
- **In progress:** Data retrieval is in progress, please wait.
- **Login error:** The provided user name or password is incorrect, we can't establish a connection to the carrier's website.

What do these columns represent?

- **Carrier:** The insurance company's name.
- **User Name:** Account user name on the carrier's website.
- **Notes:** Optional note you have entered when the account was linked.
- **Last update:** Most recent update to the link.
- **Status:** Various stages of linking an account.

Note: The username and password verification process might take several minutes.

1 Link Account 2 Verify Status 3 Fam. Members

Carrier	User Name	Notes	Last Update	Status
▶ Blue Shield of California	johndoe20		10/19/13	Success

< Link another Next >

6. Click "Confirm" on the bottom when you are done verifying that all your family members are there. If you need to link another dependent, click 'Link another account' to perform this task.

1 **2** **3**
Link Account **Verify Status** **Fam. Members**

Name	Date of birth	Nr of claims
John Doe	Not set	1
Anna Doe	01/30/97	1
Catherine Doe	10/08/72	1
Daniel Doe	02/05/94	1
Elizabeth Doe	10/06/88	1
Henry Doe	02/23/04	1
Joyce Doe	03/17/78	0
Kimberly Doe	10/08/08	3
Peter Doe	06/09/07	3

[< Back](#) [Confirm >](#)

Missing a family member?
[Link another account](#)

7. The page below confirms that the connection has been established.

Welcome back, John Doe [Logout](#)

- ACCOUNT SUMMARY
- FLEXIBLE BENEFIT PLANS
- CONTRIBUTIONS
- CLAIMS (EOBS)**
- USER PROFILE
- BENEFICIARIES
- DEPENDENTS

Explanation of Benefits

This is the Explanation of Benefits (EOB) list created by your insurance company based on the service claim(s) filed by the provider. Click on a line to see more details. You can also pay your provider or submit a claim for reimbursement.

[Settings](#)

	Date	Member	Service	Provider	Charges	Balance	Status
▶	10/08/13	Henry Doe	82306 - Lab Chem...	Norma Parag...	\$215.00	\$0.00	New
▶	10/05/13	Daniel Doe	Laboratory Perfo...	Valerie S. ...	\$1,298.00	\$300.92	Click to Pay
▶	10/04/13	Anna Doe	LAB/DIAG	Medical Ane...	\$182.00	\$0.00	New
▶	09/25/13	Catherine Doe	(multiple)	Norma Parag...	\$2,012.00	\$1,459.94	Click to Pay

MANAGE MY HEALTH PLAN CONNECTION

The following functions can be completed on 'Manage My Health Plan Connection' page:

1. Update your health plan username and password (if you change them at your insurance carrier's website).
2. If you no longer want to see your health plan EOB information, click 'Revoke Permission' to disconnect.

My Health Plan Login:

If you change your username and/or password login to your online health plan account, please click below to re-establish the connection between Sterling and your health plan EOB information:

[Update login info](#)

Disconnecting EOB Access:

If at any time you no longer want to access to your EOB information through the Sterling website, click on "Revoke Permission" below and the connection between your Sterling account and your health plan EOB information will be removed. You understand that you will no longer be able to see your EOB information here.

[Revoke Permission](#)

SUBMITTING A CLAIM/DISBURSEMENT WITH MY EOB

You can view your EOB, pay your provider, or submit a claim/disbursement request.

Click on EOB to view.

Welcome back, John Doe [Logout](#)

Explanation of Benefits

This is the Explanation of Benefits (EOB) list created by your insurance company based on the service claim(s) filed by the provider. Click on a line to see more details. You can also pay your provider or submit a claim for reimbursement.

	Date	Member	Service	Provider	Charges	Balance	Status
▶	10/08/13	Henry Doe	82306 - Lab Chem...	Norma Parag...	\$215.00	\$0.00	New
▶	10/05/13	Daniel Doe	Laboratory Perfo...	Valerie S. ...	\$1,298.00	\$300.92	Click to Pay

[Settings](#)

When your account is linked successfully, a list of the latest insurance claims (Explanation of Benefits – EOBs) will be visible if available from your insurance carrier.

If you see a paper clip icon on the left side of the 'Date' column (screenshot below), it means that the EOB in Portable Document Format (PDF) File is attached for the claim. In this case, you do not need to upload documentation that is required for FSA and HRA Claims submittal. If you do not see this paper clip, you are required to submit documentation.

▶		10/9/12	Peter Doe	Office Visit	East Bay Ca...	\$180.00	\$34.06	Click to Pay
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What are the different statuses of the EOBs and what do they mean?

- **Click to Pay:** After insurance adjudication, there is a balance left for you to pay. When the "Pay/Reimburse" button is clicked on, you have to select an account (if you have any combination of HSA, FSA, and HRA) and method of payment.
Note: If you have several accounts but unsure of which account can be used to pay the balance, please consult with your Benefits Administrator.
- **New:** This is a new claim without a balance. No further action is needed from you.
- **In Progress:** One of the 2 reasons below is accounted for this status:
 1. Sterling is still in the process of syncing with your insurance carrier's system. Once it's done, you should see either 'New' or 'Click to Pay' status.
 2. You have clicked on 'Pay/Reimburse' and completed all the claim/disbursement steps. However, the status is still 'In Progress' until it is completely processed by Sterling Health Services Administration.
- **Paid:** The claim was paid and closed.
- **Paid in part:** You have made a partial payment towards your balance. You are still responsible for the remaining balance shown. After you pay the remaining balance, the status for the claim will be switched to 'Paid' if there is sufficient funds and service is eligible.
- **Declined:** Your claim was declined due to insufficient funds. What can you do in this case?

For **HSA**, you do not have enough funds in the account. A contribution to your HSA will have to be made in order for this claim to be paid. Please contact us at **1 (800) 617-4729** to have the fund applied to your declined claim once the fund is available.

For **FSA**, you do not have sufficient funds to pay or get reimbursed for the claim. Your claim is declined and will remain in that status.

For **HRA**, you do not have sufficient funds to pay or get reimbursed for the claim. Your claim is declined and will remain in that status.

For **HRA with periodic funding**, if you have not reached your annual election, your claim will be paid depending on the annual election amount you have left. After your employer makes a contribution, your claim should be automatically paid in full or partial according to the availability of your funds.

- **Denied:** After your claim submission, we have determined that it is a non-qualifying service. If you have any question about it, please contact us at **1 (800) 617-4729, option #5.**

SUBMITTING AN HSA DISBURSEMENT WITH MY EOB

1. Click 'Click to Pay' to start the disbursement process.

Explanation of Benefits

This is the Explanation of Benefits (EOB) list created by your insurance company based on the service claim(s) filed by the provider. Click on a line to see more details. You can also pay your provider or submit a claim for reimbursement.

	Date	Member	Service	Provider	Charges	Balance	Status
▶	10/08/13	Henry Doe	82306 - Lab Chem...	Norma Parag...	\$215.00	\$0.00	New
▶	10/05/13	Daniel Doe	Laboratory Perfo...	Valerie S. ...	\$1,298.00	\$300.92	Click to Pay

2. Click "Pay/Reimburse" to pay your provider or submit a claim for reimbursement.

Explanation of Benefits

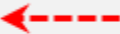
This is the Explanation of Benefits (EOB) list created by your insurance company based on the service claim(s) filed by the provider. Click on a line to see more details. You can also pay your provider or submit a claim for reimbursement.

	Date	Member	Service	Provider	Charges	Balance	Status
▶	10/08/13	Henry Doe	82306 - Lab Chem...	Norma Parag...	\$215.00	\$0.00	New
▼	10/05/13	Daniel Doe	Laboratory Perfo...	Valerie S. ...	\$1,298.00	\$300.92	Click to Pay

Patient: Daniel Doe
Provider: Valerie S. Fox
Insurance: (N/A) **Claim No:** E4R7J5UF59RN9708YG66

Patient responsibility:
\$300.92
[Pay / Reimburse](#)

3. Select 'Health Savings Account'.

Health Savings Account: ICA291996 

Available Balance: 383.79

4. Select 'Pay My Provider'.
5. Enter a date to begin processing.
6. Click 'Continue'.

New Disbursement


1 **2** **3** **4** **5**

Payment Preference Payee Info Disbursement Details Review Disbursement Document and Submit


[Click here](#) to learn about the new disbursement process.


Select Payment Method

Available Balance : \$383.79

How would you like to pay: I would like to 

Tell us what day to *begin* processing this disbursement. Direct Deposit disbursement take 3-4 business days to process and checks take 5-7 business days to process.

Date to begin processing: 



7. Your provider's name and address will be automatically populated from the EOB to Step 2 as illustrated below. However, you still have to select the radio button to pay this payee, enter your account number with this payee, then click 'Continue'.

Note: If the payee's information is not in your EOB, you have to manually select the payee if he's already in the system. If not, you can add him in the 'Add a New Payee' module on the same page.

New Disbursement

Payment Details
*Required Information

Available Balance :\$383.79

If you are enrolled in the **Value Plan** or **eSavings Plan**, there will be a \$5.00 charge for every check payment you request. This amount will be deducted from your available balance along with the check amount.

Select payee's address from EOB:

Valerie S. Fox,
553 Jefferson Street
Napa, CA 94559

*Account Number with Payee

A74373H

Select an Existing Payee: ▼

Add a New Payee

*Name	*Account Number with Payee	*Tax ID or SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address	*City	*State
<input type="text"/>	<input type="text"/>	Select State ▼
		*Zip
		<input type="text"/>

8. After selecting the payee in Step 2 and continue, you will see Step 3. All the line items belonging to one claim that you have selected earlier at the initial EOB page will be populated as illustrated below.
9. Click on the agreement checkbox then 'Continue'.

New Disbursement

Available Balance : \$383.79
 *Required Information

Enter your disbursement details below. When you are finished adding items, please certify that you have read the statement by checking the box and then click 'Continue'.

Service Start (mm/dd/yyyy)	Service End (mm/dd/yyyy)	Description of Service	Medical Code	*Amount	*Patient's Name
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	21.92	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	23.85	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	13.03	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	17.32	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	40.68	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	4.86	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	4.86	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	4.86	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	142.38	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	12.53	Daniel Doe
10/05/2013		Laboratory Performed At Indep	Medical-Hospital	14.63	Daniel Doe

Note: If you are enrolled in the Value Plan or eSavings Plan, there will be a \$5.00 charge for every check payment you request. This amount will be deducted from your available balance along with the check amount.

By submitting this form, I certify that I am a participant in the Health Savings Account and confirm that these expenses, for which reimbursement is requested, have been incurred during the plan year while I was covered under the HSA plan. These expenses have not been reimbursed by any other benefit plan. I understand that I am responsible for the validity of this request and all information pertaining to it. I further understand that I am liable for all related Federal, State or City taxes for any invalid request submitted by me and I will not claim credit for reimbursed expenses on my individual tax return.

10. Review the disbursement and make sure the information populated is correct. If not, then click 'Edit Disbursement' to edit.
11. Click 'Continue' when you are done.

New Disbursement

Review the disbursement information you have entered. When you are ready, click 'Continue'. If you would like to edit the disbursement details, please click 'Edit Disbursement Detail'. To change the disbursement type, payment preference or payee information, you will need to cancel this disbursement and start a new one.

Payment Preference: Pay My Provider

Payee Information: Valerie S. Fox
553 Jefferson Street
Napa, CA 94559


Account Number with Payee: A74373H

Disbursement Information:

Service Start:	Service End:	Description:	Medical Code	Amount:	Patient Name:
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$21.92	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$23.85	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$13.03	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$17.32	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$40.68	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$4.86	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$4.86	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$4.86	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$142.38	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$12.53	Daniel Doe
10/05/2013		Laboratory Performed At Independent Laboratory	Medical-Hospital	\$14.63	Daniel Doe
Total Disbursement				\$300.92	

12. Upload document(s) by browsing for the document(s) then click 'Submit Disbursement'. Document submission is not mandatory for HSA. Click 'Submit Disbursement' when you are done.

New Disbursement



1 **2** **3** **4** **5**
Payment Preference Payee Info Disbursement Details Review Disbursement Document and Submit

If you have no documentation to submit, click on "Submit Disbursement" below to complete your disbursement request.

For HSA, documentation is not required to get reimbursed. However, you are responsible for keeping your own records. You have an option to upload documentation here for record keeping purpose if you wish then click on "Submit Disbursement" when you are done.

To upload your documentation, click the Browse button and find the file on your computer. We can only accept PDF, JPG and PNG files.

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

13. The confirmation page is shown below:

Disbursement Submitted Successfully

Your claim has been successfully submitted. Direct Deposit disbursement take 3-4 business days to process and checks take 5-7 business days to process.

Please reference this Disbursement number on your documentation: **1330884**

Mailing Address:
Sterling Health Services Administration
475 14th Street Suite 650
Oakland, CA 94612

Fax Line: 888.410.7361

Email: customer.service@sterlinghsa.com

SUBMITTING AN FSA OR HRA CLAIM WITH MY EOB


The steps to submit an FSA or HRA claim with your EOB are the same. Therefore, we will show the steps for only one product. FSA is shown below:

1. Click 'Click to Pay' to start the claim process.

Explanation of Benefits

This is the Explanation of Benefits (EOB) list created by your insurance company based on the service claim(s) filed by the provider. Click on a line to see more details. You can also pay your provider or submit a claim for reimbursement.

Settings

	Date	Member	Service	Provider	Charges	Balance	Status
▶	10/08/13	Henry Doe	82306 - Lab Chem...	Norma Parag...	\$215.00	\$0.00	New
▶	10/05/13	Daniel Doe	Laboratory Perfo...	Valerie S. ...	\$1,298.00	\$300.92	Click to Pay
▶	10/04/13	Anna Doe	LAB/DIAG	Medical Ane...	\$182.00	\$0.00	New
▶	09/25/13	Catherine Doe	(multiple)	Norma Parag...	\$2,012.00	\$1,459.94	Click to Pay
▶	 10/9/12	Peter Doe	Office Visit	East Bay Ca...	\$180.00	\$34.06	Click to Pay

2. Click "Pay/Reimburse" to pay your provider or submit a claim for reimbursement.

▼	09/25/13	Catherine Doe	(multiple)	Norma Parag...	\$2,012.00	\$1,459.94	Click to Pay
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Patient: Catherine Doe
Provider: Norma Paragas MD
Insurance: (N/A) **Claim No:** 05EGAEX5RZ66760HN61B

Patient responsibility:

\$1,459.94


[Pay / Reimburse](#)

3. Select 'Flexible Benefits Plan'.


Flexible Benefit Plans:FSA292000 

Plan Type	Plan Year	Available Balance
Transit	01/01/2013-12/31/2013	1300.00
Parking	01/01/2013-12/31/2013	1300.00
Healthcare FSA	01/01/2013-12/31/2013	2400.00


4. Select the 'Healthcare FSA' then click 'Continue'.



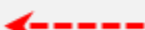
Select the type of claim that you would like to submit:



5. Select 'Pay My Provider' then click 'Continue'.



How would you like this claim to be paid?



6. Your provider's name and address will be automatically populated from the EOB to Step 3 as illustrated below. However, you still have to select the radio button to pay this payee, enter your account number with this payee, then click 'Continue'.

Note: If the payee's information is not in your EOB, you have to manually select the payee if he's already in the system. If not, you can add him in the 'Add a New Payee' module on the same page.

The screenshot shows a multi-step process for claim processing. At the top, there are six numbered steps: 1. Claim Type, 2. Payment Preference, 3. Payee Info, 4. Claim Details, 5. Review Claim, and 6. Document and Submit. Step 3 is currently active. Below the steps, there is a section for 'Required Information'. Under this section, there is a heading 'Select payee's address from EOB:' followed by a checked checkbox and the address: 'Norma Paragas MD, 6275 Thorton Ave, Newark, CA 94560'. Below this is another heading '*Account Number with Payee' followed by a text input field containing 'Y76U998'. There are two 'OR' options. The first is 'Select an Existing Payee:' with a dropdown menu showing 'Select an existi'. The second is 'Add a New Payee' with several input fields: '*Name', '*Provider Account Number', '*Address', '*City', '*State' (a dropdown menu showing 'Select State'), and '*Zip'. At the bottom, there are two buttons: 'Continue' and 'Cancel Claim'. Red dashed arrows point to the checkbox, the account number field, and the 'Continue' button.

7. After selecting the payee in Step 3 and continue, you will see Step 4. Most of the line items belonging to one claim that you have selected earlier at the initial EOB page will be populated as illustrated below. The only field you need to manually fill in is 'Service End' date.
8. Click on the agreement checkbox then 'Continue'.

1
2
3
4
5
6

Claim Type

Payment Preference

Payee Info

Claim Details

Review Claim

Document and Submit

Enter your claim details below. If your bills are itemized. When you are finished adding items, please certify that you have read the statement by checking the box and then click 'Continue'.

* Service Start (MM/DD/YYYY)	* Service End (MM/DD/YYYY)	* Description of Service	* Medical Code	* Amount	* Patient's Name
09/25/2013		Laboratory Performed At	Medical-Hospital	172.42	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	96.2	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	124.32	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	124.32	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	64.38	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	96.2	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	24.42	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	24.42	Catherine Doe
09/25/2013		Laboratory Performed At	Medical-Hospital	48.1	Catherine Doe
09/25/2013		Er/clinic/misc Performed At	Medical-Hospital	227.92	Catherine Doe
09/25/2013		Er/clinic/misc Performed At	Medical-Hospital	457.24	Catherine Doe

By submitting this form, I certify that I am a participant in the Flexible Spending Account and confirm that these expenses, for which reimbursement is requested, have been incurred during the plan year while I was covered under the FSA plan. These expenses have not been reimbursed by any other benefit plan. I understand that I am responsible for the validity of this request and all information pertaining to it. I further understand that I am liable for all related Federal, State or City taxes for any invalid request submitted by me and I will not claim credit for reimbursed expenses on my individual tax return.

9. Review the claim and make sure the information populated is correct. If not, then click 'Edit Claim Detail' to edit.
10. Click 'Continue' when you are done.

Review the claim information you have entered. When you are ready, click 'Continue' to upload your documentation and submit the claim. If you would like to edit the claim details, please click 'Edit Claim'. To change the claim type, payment preference or payee information, you will need to cancel this claim and start a new one.

Claim Type: Healthcare FSA

Payment Preference: Pay My Provider

Payee Information: Norma Paragas MD
6275 Thorton Ave
Newark, CA 94560

Account Number with Payee: Y76U998

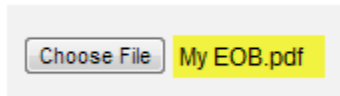
Claim Information:

Service Start:	Service End:	Description:	Medical Code	Amount:	Patient Name:
09/25/2013	09/25/2013	Laboratory Performed At		\$172.42	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$96.20	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$124.32	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$124.32	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$64.38	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$96.20	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$24.42	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$24.42	Catherine Doe
09/25/2013	09/25/2013	Laboratory Performed At		\$48.10	Catherine Doe
09/25/2013	09/25/2013	Er/clinic/misc Performed At		\$227.92	Catherine Doe
09/25/2013	09/25/2013	Er/clinic/misc Performed At		\$457.24	Catherine Doe
Total Claim				\$1,459.94	

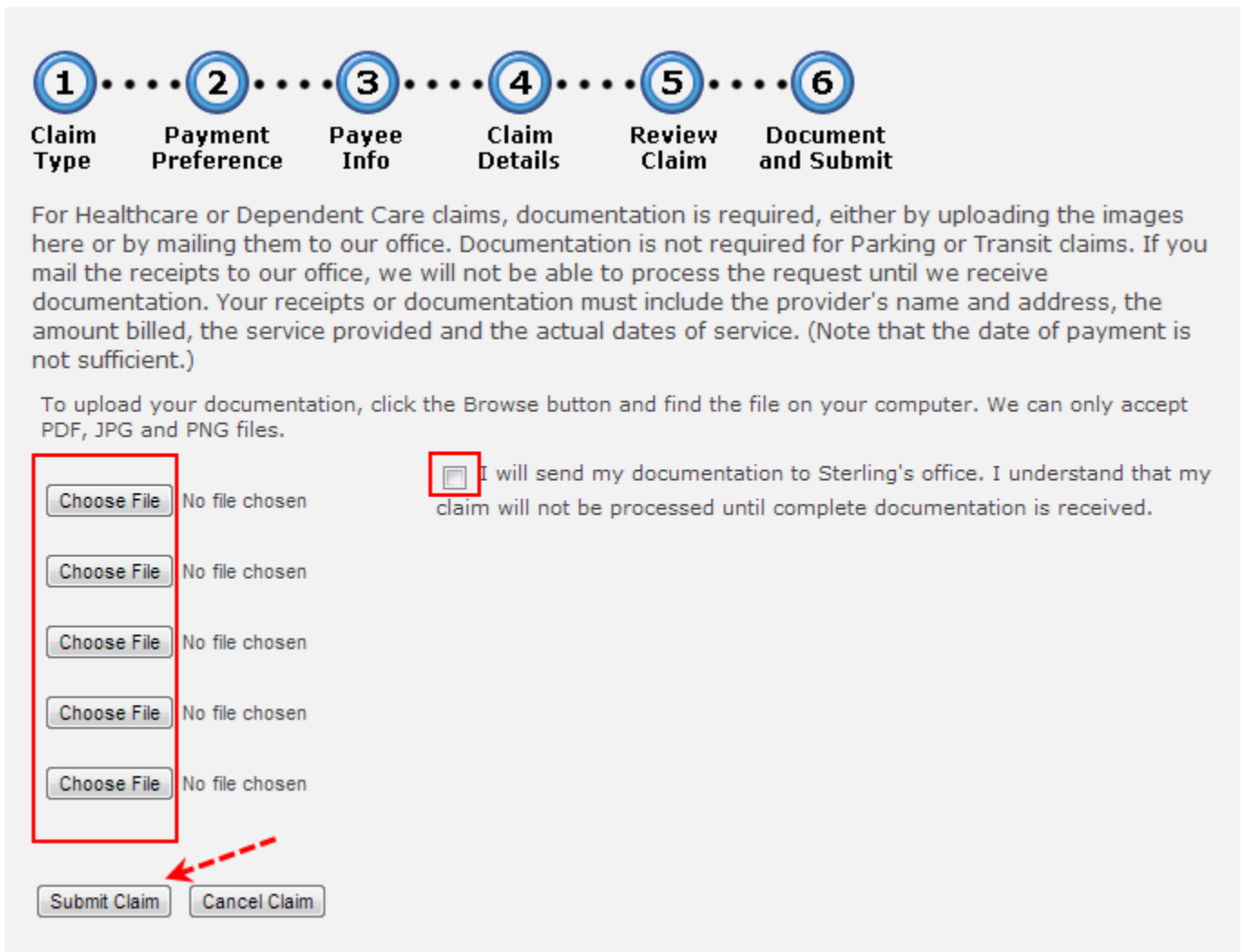
11. For FSA and HRA, documentation is required. You can either select a file to upload by clicking on 'Choose File' or check the box to the right with the verbiage 'I will send my documentation to Sterling's office. I understand that my claim will not be processed until complete documentation is received.' Otherwise, you will not be able to submit this claim.

Note: Some insurance carriers will provide the EOBs in Portable Document Format (PDF) File. If it's available, you will see it automatically attached like the example below. You can upload more documentation as well but not required. Click 'Submit Claim' to complete the process.

Example:



12. Click 'Submit Claim' once your are done.



The screenshot shows a six-step process for submitting a claim:

- 1 Claim Type
- 2 Payment Preference
- 3 Payee Info
- 4 Claim Details
- 5 Review Claim
- 6 Document and Submit

For Healthcare or Dependent Care claims, documentation is required, either by uploading the images here or by mailing them to our office. Documentation is not required for Parking or Transit claims. If you mail the receipts to our office, we will not be able to process the request until we receive documentation. Your receipts or documentation must include the provider's name and address, the amount billed, the service provided and the actual dates of service. (Note that the date of payment is not sufficient.)

To upload your documentation, click the Browse button and find the file on your computer. We can only accept PDF, JPG and PNG files.

I will send my documentation to Sterling's office. I understand that my claim will not be processed until complete documentation is received.

Below the checkbox are five "Choose File" buttons, each followed by "No file chosen". A red dashed arrow points from the "Submit Claim" button to the "Choose File" buttons.

At the bottom are two buttons: "Submit Claim" and "Cancel Claim".

13. The confirmation page is shown below.

Claim Submitted Successfully

Your claim has been successfully submitted. Processing will take up to 7 business days from the date we receive a complete claim request, including documentation. If you have chosen to submit your documentation by mail, fax or email, this will add to your processing time.

Please reference this claim number on your documentation: **1330885**

Mailing Address:

Sterling Health Services Administration
475 14th Street Suite 650
Oakland, CA 94612

Fax Line: 888.410.7361

Email: customer.service@sterlinghsa.com

ADDITIONAL RESOURCES

Full subscriber guides are available here:

- HSA** → <http://www.sterlinghsa.com/files/forms/HSASubscriberWebsiteGuide072012.pdf>
- FSA** → https://www.sterlinghsa.com/files/forms/FSASubscriberWebsiteGuide07_12.pdf
- HRA** → <https://www.sterlinghsa.com/files/forms/HRASubscriberWebsiteGuide072012.pdf>

If you have questions or issues related to Health Expense, please call us at **1 (800) 617-4729, option #5**.