

## **Claim Submission via Member Portal**

Use this guide to submit a claim for reimbursement via the Member Portal.

- 1. Login to the AccrueHealth Member Portal by entering <u>https://member.accrue-health.com/</u> in your web browser.
- 2. From the Home page, click on the **Menu** icon located at the top left. Locate and click on the **Claims** section to display additional options. Select **Add Claim for immediate reimbursement**.



3. Fill out all applicable information for your Claim Details and click Next.

- Service Type *	Medical ~
Service Start Date *	Oct 18, 2024
Service End Date	Oct 18, 2024
O Claimant	~
Reimbursement Method *	Direct Deposit 🗸 🗸
S Claim Amount *	\$ 10.00
Deductible Amount	\$
Sopay Amount	\$
S Coinsurance Amount	\$
Whom shall we pay?	
Pay Provider	Pay Me
Provider Name	
Account Number	
◯ Comments	



4. Locate your documentation (if applicable) to upload for Claim Substantiation. Click Next.

() PI	ease Choose a Validation Method to Continue
	Attach Claim Receipt Take a photo of your receipt or attach an existing document now.
()	Validate Later Submit the claim without a receipt now, knowing a receipt may be required for claim approva.
	× CANCEL

Upload Receipt		BROWS
	DRAG & DROP	
	your receipts here	
		NEXT

5. Finally, review all your submission information to ensure it is accurate, then click **Submit**.

Ilaim Details	
Amount:	\$10.00
Copay Amount:	
Coinsurance Amount:	
Deductible Amount:	
Гуре:	Direct Deposit
Ilaimant:	
Service Type:	Medical
Service Start Date:	Oct 18, 2024
Service End Date:	Oct 18, 2024
Comments:	
Provider:	
D	Jnvoice.pdf
The above is a tri eligible depende reimbursement f Health Savings A expenses on my related taxes inc penalties on the	e and accurate statement of all expenses incurred by my ints or me on the date(s) indicated, and I will not seek rom any other health plan or spending account including a count (HSA). Inderstand that I cannot claim any reinhoursed income tax return, and that I may be liable for payment of all luding Federal, State, or City income tax and any associated amounts paid for an expense improperty claimed under the

If you have questions regarding your claim after submission, you may contact our customer service department using the below contact methods. Please allow 72 hours for review.

Contact Information for	Customer Service #: 1-844-643-3099 (Mon-Fri; 8am to 8pm EST)
Members	Customer Service Fax #: 978-552-0172
	Customer Service Email: <a href="mailto:support@accrue-health.com">support@accrue-health.com</a>