

Inspira Card

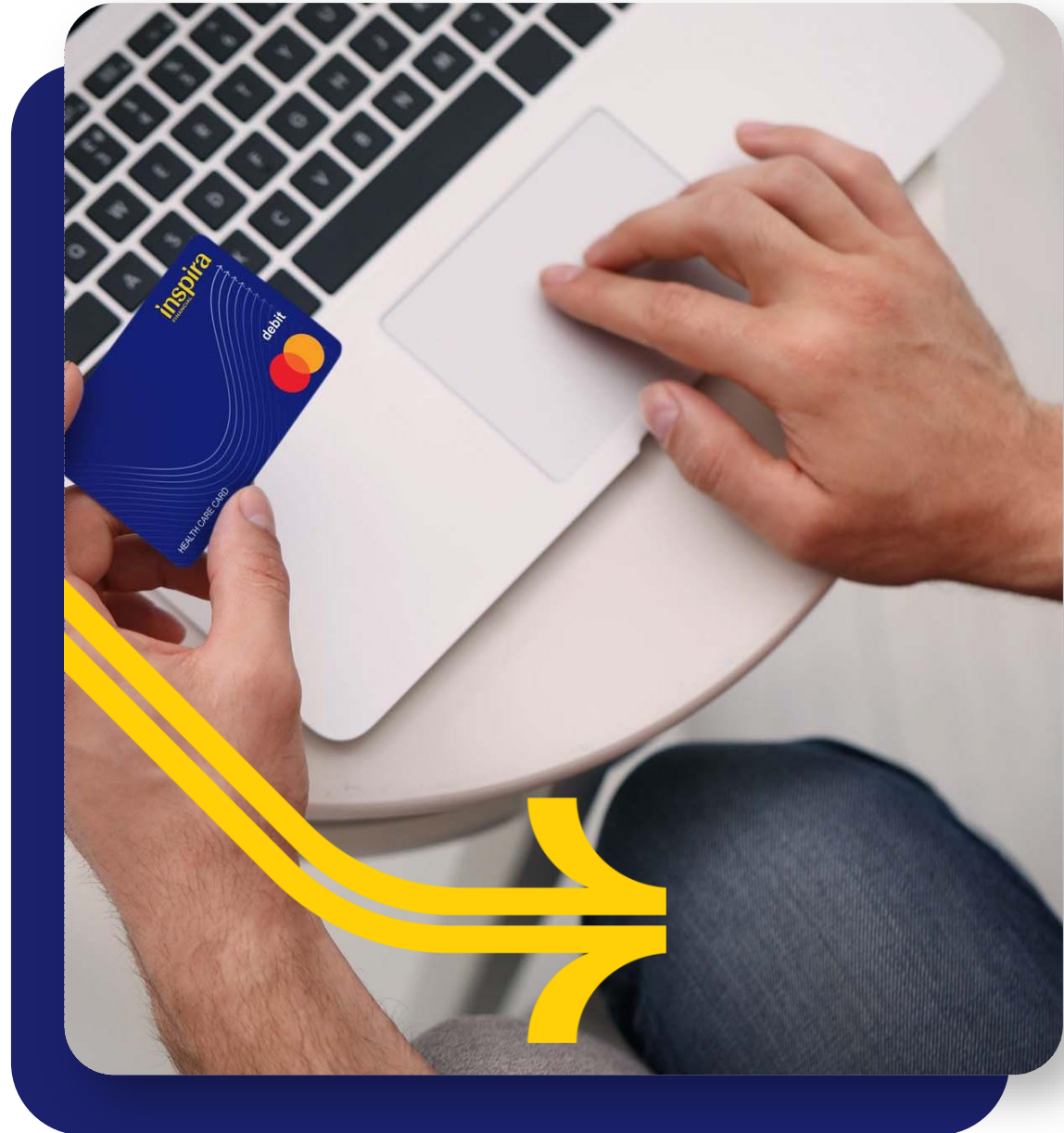
How to verify your card purchases online



The Inspira card makes it easy for you to spend money in your Inspira account.

The card will use the funds in your Inspira Financial account to pay for eligible expenses. Just be sure you have enough funds available.

Note: If you have multiple Inspira accounts, you'll use the same card.



Requests for documentation

The Internal Revenue Service (IRS) guidelines requires Inspira to verify all purchases made with a Inspira Card are eligible expenses.

If you have a Health Reimbursement Account (HRA), Health Care Flexible Spending Account (FSA) or Limited Purpose FSA:

- We may ask you to send us additional documentation for your card purchase to prove your expense is truly eligible.
- You may see an alert message posted to your Inspira member website.
- You may get a **Request for Documentation letter** by mail or email.

Quick tip: To help prevent requests for documentation, wait until you receive a benefits statement or Explanation of Benefits (EOB). These documents show the amount you owe after your health plan processes your claim. Then you can use your Inspira card for payment.

Why do we request documentation?

Some common reasons are:

- You used the card for an expense that was “pending” with your health plan or insurance carrier. This means, the claim wasn’t fully processed.
- The description we receive from the merchant/provider doesn’t show the type of expense. This can happen with dental and hospital expenses.
- You used your Inspira Card at a merchant that doesn’t accept health care cards.

Important things to keep in mind:

- Save all your detailed receipts, statements and Explanation of Benefits (EOBs) from your health plan.
- Check the Inspira member website and/or Inspira Mobile app for alerts about your card purchases.
- Always respond to requests for documentation. If you don’t respond, we may suspend your card.



INSPIRA DEBIT CARD

Requests for documentation letters

The Request for documentation letter explains you need to take action on your account and how. It includes the Inspira Card purchases you need to confirm are eligible.

You may get two letters. If this happens:

- You need to respond by the deadline noted in the first letter. If you don't respond, you'll receive a second letter.
- If you still don't respond, we'll suspend your card until you verify the expense is eligible, submit a replacement claim or send payment.

Types of documents to submit

Explanation of Benefits (EOB)

The best form of documentation. If the claim goes through your health plan, you'll receive an EOB from them.

Detailed receipt or itemized statement

Send a receipt or itemized statement that shows:

- Date of service
- Provider or merchant name
- Description of your purchase or the type of service
- Final amount you had to pay
- Patient or dependent name (if applicable)

Prescription drug receipt

If you're sending a receipt, it must contain the pharmacy name, patient name, drug name (if listed), date you filled the drug, and the amount you paid.

Note: We can not accept documents with a "pending" or an "estimated" amount due, even if it already has been paid to the provider.

Other ways to verify a card purchase

If you can't find your supporting documents OR used your Inspira Card in error, there are other ways to verify a card purchase.

Option 1: Send another eligible expense Option 2: Pay back your account

- Submit a claim for another eligible expense.
 - Include the EOB, itemized statement or detailed receipt for your eligible expense. It must be from the same plan year.
 - You can submit the claim through the Inspira member website, Inspira Mobile app, or complete a paper claim form and fax or mail it to us.
 - Make sure the expense wasn't already paid for with your Inspira Card.
 - Make sure you haven't received reimbursement for the expense.
- Submit payment online.
 - Send a personal check or money order to Inspira for the amount of the unverified card purchase.
 - Include a copy of the request for documentation letter with your payment.

Option 3*: Apply health plan claims

***Only available if your plan offers the connected claims feature.**

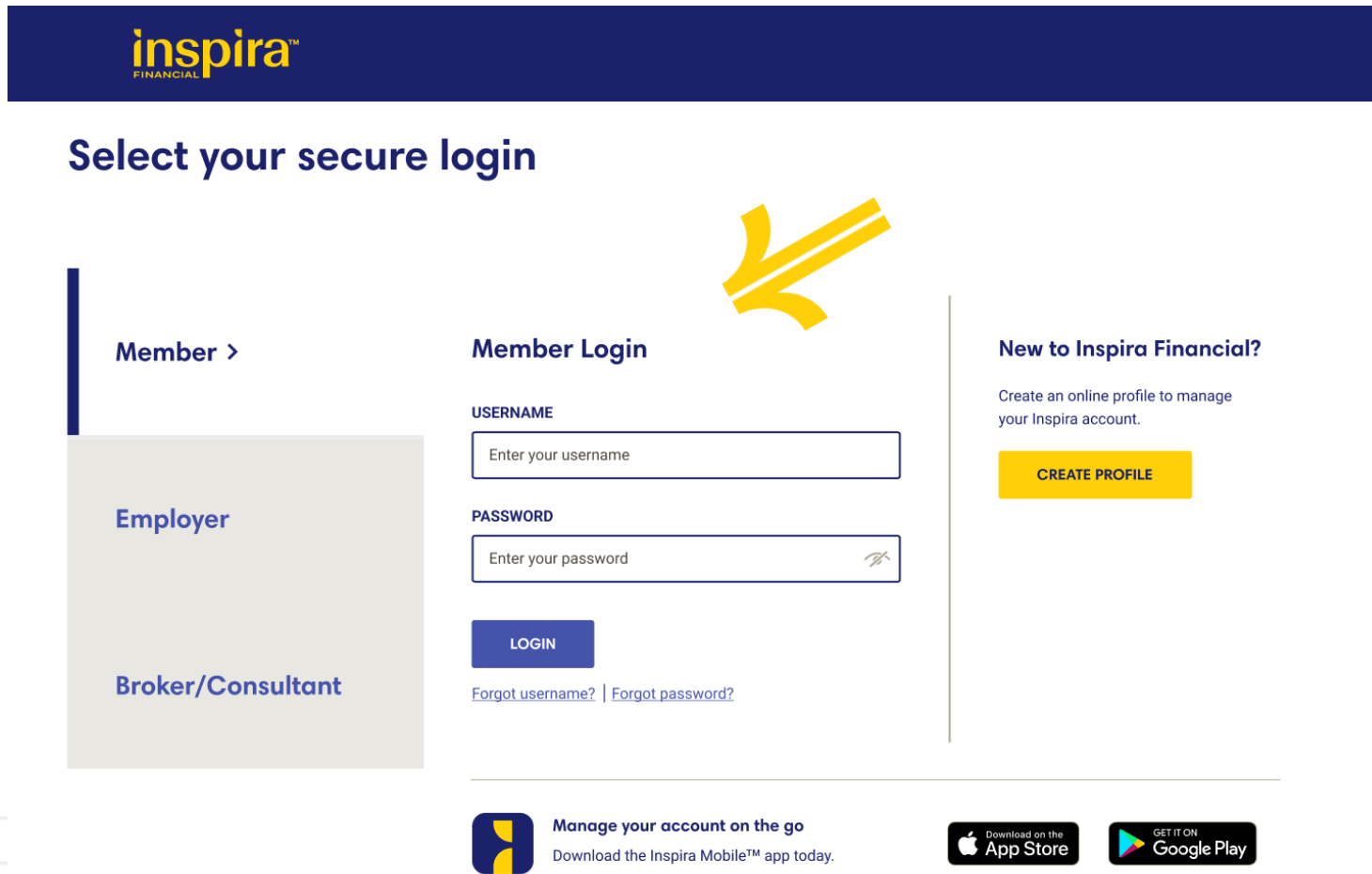
- You can use your unreimbursed health plan claims ("Connected Claims") to help verify your card purchase.
- You'll do this through the Inspira member website. From the account detail page, select "Verify card purchases" to get started.

How to verify card purchases on the Inspira member website



Go to mybenefits.inspirafinancial.com, click login

- Enter your username and password.
- Click login or select “create profile” to register.



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Select your secure login

Member >

Employer

Broker/Consultant

Member Login

USERNAME
Enter your username

PASSWORD
Enter your password

LOGIN

[Forgot username?](#) | [Forgot password?](#)

New to Inspira Financial?

Create an online profile to manage your Inspira account.

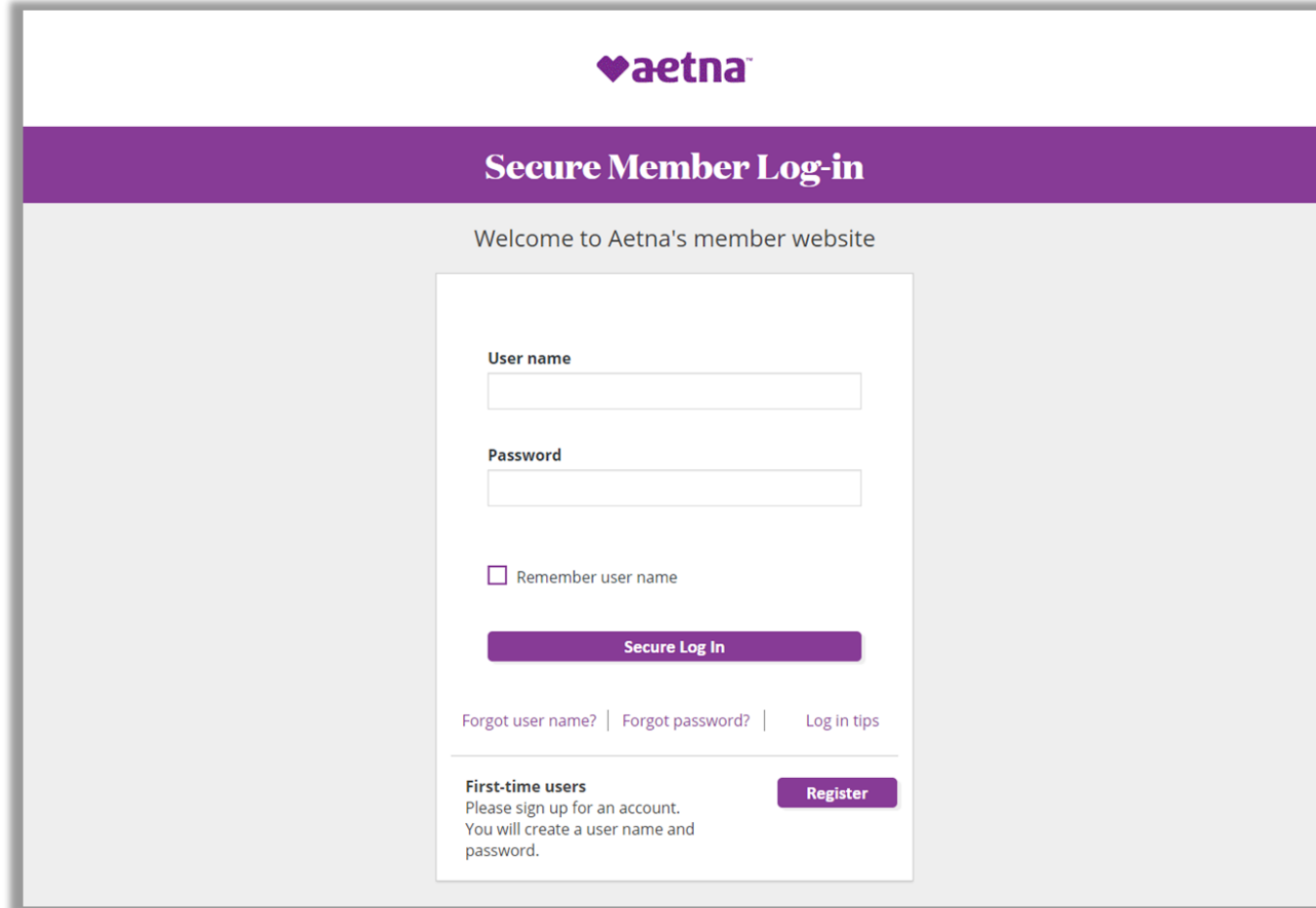
CREATE PROFILE

Manage your account on the go
Download the Inspira Mobile™ app today.

Download on the App Store

GET IT ON Google Play

Aetna members can Single-Sign-On (SSO) through aetna.com



The image shows a screenshot of the Aetna member website's login page. At the top, there is the Aetna logo (a heart icon followed by the word 'aetna'). Below the logo is a purple header bar with the text 'Secure Member Log-in' in white. Underneath the header bar, the text 'Welcome to Aetna's member website' is displayed. The main content area is a white box with a light gray border. Inside this box, there are two input fields: 'User name' and 'Password'. Below these fields is a checkbox labeled 'Remember user name'. A purple button labeled 'Secure Log In' is positioned below the checkbox. At the bottom of the white box, there are three links: 'Forgot user name?', 'Forgot password?', and 'Log in tips'. Below these links, there is a section for 'First-time users' with the text 'Please sign up for an account. You will create a user name and password.' and a purple button labeled 'Register'.

♥aetna™

Secure Member Log-in

Welcome to Aetna's member website

User name

Password

☐ Remember user name

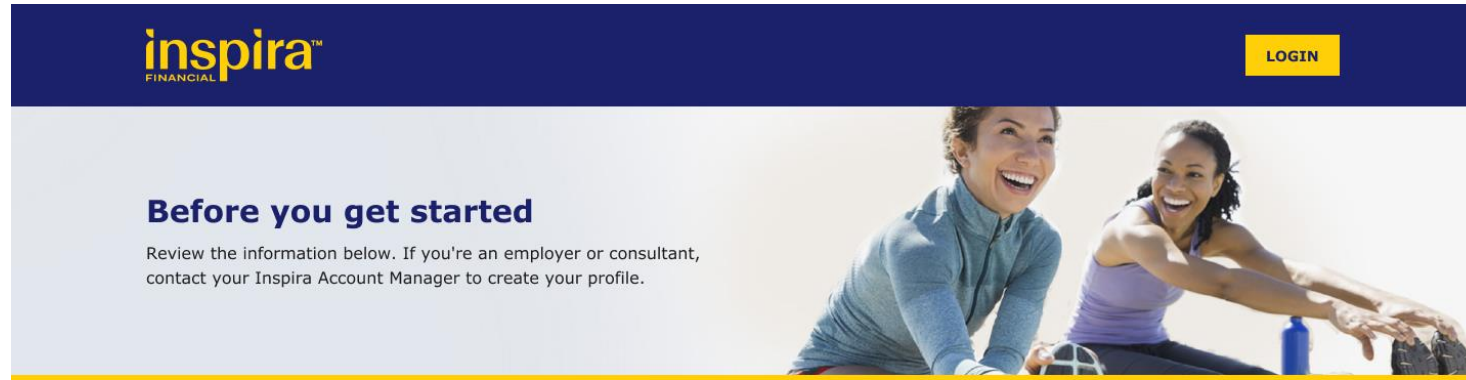
Secure Log In

[Forgot user name?](#) | [Forgot password?](#) | [Log in tips](#)

First-time users
Please sign up for an account.
You will create a user name and password.

Register

First time users - Be sure to have this information nearby.



Be sure to have this information nearby

Then you'll be ready to set up your online account.



Social Security number or Employee ID number

You only need to enter the last four digits or characters, if applicable. This helps us identify you.



Email address

We'll ask you to share your email address. We'll only use it to send important account information.

GET STARTED

First time users - Complete the required fields to help us identify you.



Complete these fields to help us identify you

*Indicates required field

First name*

Last name*

Mailing address*

Apartment/suite/other


Zip code *

BACK

CONTINUE


First time users - Complete this page to help us identify you.

QUICK TIP: Your ID number may be your Social Security number, Employee ID or employer designated number.



LOGIN

We need a little more information



Complete these fields to help us identify you

*Indicates required field

Enter the last four digits of your Social Security number OR the last four characters of your employee ID.*

Social Security number ?

OR

Employee ID number ?

Confirm your date of birth.

Date of birth.*

BACK

SUBMIT

First time users - Complete this page to help us identify you.

QUICK TIP: Your ID number may be your Social Security number, Employee ID or employer designated number. For another level of security, we'll ask you to enter the last 4 digits of your card number. So be sure to have that nearby.



Complete these fields to help us identify you

*Indicates required field

Enter the last four digits of your Social Security number OR the last four characters of your employee ID.*

Social Security number ?

OR

Employee ID number ?

Confirm your date of birth.

Date of birth.*

BACK

SUBMIT

Enter your email address and phone number.

We may use this information to update you on important account activity.



LOGIN

Create your profile



Welcome James

Complete this page to create the profile for your online account. The username and password you choose will also work for the Inspira Mobile™ app.

Your information

*Indicates required field

Username*

Password*

Confirm password*

Email address*

Confirm email address*

Phone number* ?

Mobile phone number* ?

Question 1*

▼

Answer 1*

Request a verification code to be sent by email or text.

This is how we verify your account. And it helps us remember your device and browser the next time you login.



Request a verification code

To get started, choose how you want to receive the verification code. If you already have a code, select **I received my verification code**.

Email my verification code



j*****h@email.com

I received my verification code



You can verify your account here by using the code we sent you.

Text my verification code



*****3210

OR

Enter your verification code and click “Submit.”



Verify your account

Enter the verification code we sent you.

*Indicates required field

Verification code*

Didn't get a code? [Request a new verification code.](#)


SUBMIT


Create your profile

After you verify your account, you'll create your profile. We'll ask you to:

- Create a username and password
- Set up security questions and answers
- Review/accept the Online Services Agreement

QUICK TIP: After you create a username and password, you can use it to log into the Inspira Mobile® app.

LOGIN



Create your profile

Welcome James

Complete this page to create the profile for your online account. The username and password you choose will also work for the Inspira Mobile™ app.

Your information

*Indicates required field

Username*

jamesmith1

Password*

.....

Confirm password*

.....

Email address*

jamesmith@email.com

Confirm email address*

jamesmith@email.com

Phone number* ?

123-456-7890

Mobile phone number* ?

987-654-3210

Question 1*

What was the name of your first pet?

▼

Answer 1*

Spot

After you log in, select “View account details”

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Hello, JAMES

Dependent Care

1/1/2024 - 12/31/2024 [Change Plan Year](#)

ABC Sample Company

\$500⁰⁰

Available funds ⓘ

Remaining election ⓘ

\$500.00

Funds used ⓘ

\$0.00

Account Actions

[View account details >](#)
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

Quick Tips

[Explore eligible expenses.](#) Find out what you can pay for with your Inspira account.

Shop FSASore ⓘ

Limited FSA

1/1/2024 - 12/31/2024 [Change Plan Year](#)

ABC Sample Company

\$3,498³¹

Available funds ⓘ

Remaining carryover funds ⓘ

\$485.00

Remaining election ⓘ

\$3,498.31

Funds used ⓘ

\$448.31

Account Actions

[View account details >](#)
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

Quick Tips

[Explore eligible expenses.](#) Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year. ⓘ

You can use this account to pay for eligible expenses.

Shop FSASore ⓘ

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Select Verify card purchases.

Quick tip: You'll only see this option under Account activity, if you have unverified card purchases.

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Limited FSA

1/1/2024 - 12/31/2024 [Change Plan Year](#)

ABC Sample Company

\$2,836.00

Available funds

Remaining election

\$2,836.00

Funds used

\$14.00

Spending snapshot

Medical

\$448.31

\$14.00

Total funds spent

Last day to spend funds

December 31, 2024

Last day to file claims

March 31, 2025

Account Actions

File a claim

Link a bank account

Set up account notifications

Explore eligible expenses

Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year.

You can use this account to pay for eligible expenses.

Shop FSASore

Account activity

Claims

You can view claims you sent us here.

To-do list

You have 1 items on your to-do list. Be sure to review the item today.

Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.


Verify card purchases

Action required. You need to verify a card purchase is eligible.

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Select a card purchase to verify.



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Verify card purchases

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We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

Date	Description	Amount	
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$4.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View

Click Verify Card Purchase.



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Transaction details: Healthcare (FSA)

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Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS	CLINIC REGEOMAHA NE	(\$4.00)	\$2,846.00

Action Required

You need to resolve your unverified card purchase. Choose one of the options below.

Verify card purchase

To "verify" a card purchase, you can:

1. Send supporting documents for the transaction listed above. ?

2. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. ?

VERIFY CARD PURCHASE

OR

Pay back your account

If you don't have supporting documents for your card purchase or you used your card in error, you must pay back your account.

Amount to pay back \$4.00

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID	Payment Method	Expense Type
997448	Debit Card Purchase	Medical

Documents you sent


No documents at this time.

Documents you sent

No documents at this time.

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Upload documents to verify your card purchase

Click on Upload documents.

Verify my card purchase

Choose how you want to verify your card purchase is eligible.

Upload documents



Select this option to upload supporting documents for your card purchase.

Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

Apply health plan claims



Select this option to use your unreimbursed health plan claims to help verify your card purchase

Upload documents

You can upload documents in JPG, GIF, PNG and PDF. The total size limit is 10MB. Your documents must show:

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible well-being product or service

Drag and drop your files here

OR

SELECT FILE TO UPLOAD

CANCEL

SUBMIT

You can drag and drop your files to the grey box or click on Select File to Upload.

Verify my card purchase

Choose how you want to verify your card purchase is eligible.

Upload documents

Select this option to upload supporting documents for your card purchase.

Fax/mail documents

Select this option to create a coversheet. Then fax or mail it.

Apply health plan claims

Select this option to use your unreimbursed health plan claims to help verify your card purchase.

Upload document

You can upload documents in JPG, GIF, PNG or PDF. The total size is 10 MB.

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible service

Select a file

This action is to upload your document. You can upload a GIF, JPG, PNG or PDF. The total size is 10 MB.

Browse and select the file from your device. Then upload it.

Upload documents

BROWSE


SELECT FILE TO UPLOAD

CANCEL **SUBMIT**


Click on Browse to select your document from your computer.

Quick tip: You can upload documents in JPG, GIF, PNG, or PDF. They must show the merchant/provider name, patient name, date of service, description of service and final amount you had to pay.


Upload documents

Select this option to upload supporting documents for your card purchase.

Fax/mail documents

Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

Apply health plan claims

Select this option to use your unreimbursed health plan claims to help verify your card purchase

Upload documents

You can upload documents in JPG, GIF, PNG and PDF. The total size limit is 10MB. Your documents must show:

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible well-being product or service

Drag and drop your files here

OR

SELECT FILE TO UPLOAD

Upload documents (0.25MB of 10MB)

2019-05-15_1-32-52.png0.25MBRemove

CANCEL

SUBMIT

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Once you select your document, click Upload.

Verify my card purchase

Choose how you want to verify your card purchase is eligible.

Upload documents

Select this option to upload supporting documents for your card purchase.

Fax/mail documents

Select this option to create a

Apply health plan claims

Select this option to use your reimbursed health plan claims to help verify your card purchase

Upload document

You can upload documents in JPG, GIF, PNG or PDF. The total size is 10 MB.

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible purchase

Select a file

This action is to upload your document. You can upload a GIF, JPG, PNG or PDF. The total size is 10 MB.

Browse and select the file from your device. Then upload it.

Upload documents


receipt.jpg **BROWSE**

CANCEL **UPLOAD**

CANCEL **SUBMIT**


You can upload more than one document. The total size limit is 10MB. Once you upload all your documents, click Submit.

Upload documents




Select this option to upload supporting documents for your card purchase.

Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

Apply health plan claims



Select this option to use your unreimbursed health plan claims to help verify your card purchase.

Upload documents

You can upload documents in JPG, GIF, PNG and PDF. The total size limit is 10MB. Your documents must show:

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible well-being product or service

Drag and drop your files here

OR

[SELECT FILE TO UPLOAD](#)

Upload documents (0.25MB of 10MB)

2019-05-15_1-32-52.png

0.25MB [Remove](#)

CANCEL

SUBMIT

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Below is the message you'll see if your upload was a success. Under Documents you sent, you'll see a link with your uploaded documents.

03/07/2024Debit card purchase - PHYSICIANS
CLINIC REGEOMAHA NE(\$4.00)\$2,846.00

Action Required

You need to resolve your unverified card purchase. Choose one of the options below.

Verify card purchase

To "verify" a card purchase, you can:

1. Send supporting documents for the transaction listed above. ?

2. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. ?

VERIFY CARD PURCHASE

Pay back your account

If you don't have supporting documents for your card purchase or you used your card in error, you must pay back your account.

Amount to pay back \$4.00

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID997448Payment MethodDebit Card PurchaseExpense TypeMedical

Documents you sent
[Card Claim Documentation, 07/21/2022](#)


Documents you sent
No documents at this time.

Upload documents

✓

Success! We received your documents and will review them soon. Check back later for results.

View the status of your transaction: Select your account from “Your accounts” drop-down menu. Click on Transactions. Then select the transaction you want to view. The grey box will display the status.



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Transaction details: Healthcare (FSA)

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Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS	CLINIC REGEOMAHA NE	(\$4.00)	\$2,846.00

We received your documents and will review them soon. Check back later for results.

Transaction ID

997448

Payment Method

Debit Card Purchase

Expense Type

Medical

Documents you sent

[Card Claim Documentation, 07/21/2022](#)

Documents you sent

No documents at this time.



Fax/mail documents to verify your card purchase

After you log in, select “View account details”

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Health Plan Claims (5)

Documents & Forms

Hello, JAMES

Dependent Care

1/1/2024 - 12/31/2024

Change Plan Year

ABC Sample Company

\$500⁰⁰

Available funds

Remaining election

\$500.00

Funds used

\$0.00

Account Actions

View account details

File a claim

Link a bank account

Set up account notifications

Quick Tips

Explore eligible expenses. Find out what you can pay for with your Inspira account.

Shop FSASore

Limited FSA

1/1/2024 - 12/31/2024

Change Plan Year

ABC Sample Company

\$3,498³¹

Available funds

Remaining carryover funds

\$485.00

Remaining election

\$3,498.31

Funds used

\$448.31

Account Actions

View account details

File a claim

Link a bank account

Set up account notifications

Quick Tips

Explore eligible expenses. Find out what you can pay for with your Inspira account.

Shop FSASore

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Select Verify card purchases.

Quick tip: You'll only see this option under Account activity, if you have unverified card purchases.

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Limited FSA

1/1/2024 - 12/31/2024 [Change Plan Year](#)

ABC Sample Company

\$2,836.00

Available funds

Remaining election

\$2,836.00

Funds used

\$14.00

Spending snapshot

Medical

\$448.31

\$14.00

Total funds spent

Last day to spend funds

December 31, 2024

Last day to file claims

March 31, 2025

Account Actions

File a claim

Link a bank account

Set up account notifications

Explore eligible expenses

Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year.

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Account activity

Claims

You can view claims you sent us here.

To-do list

You have 1 items on your to-do list. Be sure to review the item today.

Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.


Verify card purchases

Action required. You need to verify a card purchase is eligible.

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Select a card purchase to verify.



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Verify card purchases

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We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

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01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View

Click Verify Card Purchase.



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Transaction details: Healthcare (FSA)

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Date	Transaction type	Description	Amount	Balance
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VERIFY CARD PURCHASE

OR

Pay back your account

If you don't have supporting documents for your card purchase or you used your card in error, you must pay back your account.

Amount to pay back \$4.00

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID

997448

Payment Method

Debit Card Purchase

Expense Type

Medical


Documents you sent

No documents at this time.

Documents you sent

No documents at this time.

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Click on Fax/mail documents.

4. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. ?

VERIFY CARD PURCHASE

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID	Payment Method	Expense Type
997448	Debit Card Purchase	Medical


Documents you sent
No documents at this time.

Documents you sent
No documents at this time.

Verify my card purchase


Choose how you want to verify your card purchase is eligible.

Upload documents




Select this option to upload supporting documents for your card purchase.

Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

Apply health plan claims



Select this option to use your unreimbursed health plan claims to help verify your card purchase

[Privacy & Legal notices](#) - [Terms of use](#)

[Share my screen](#)

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Click on Create Coversheet

Transaction ID

997448

Payment Method

Debit Card Purchase

Expense Type

Medical

Documents you sent

No documents at this time.


Documents you sent

No documents at this time.

Verify my card purchase


Choose how you want to verify your card purchase is eligible.

Upload documents




Select this option to upload supporting documents for your card purchase.

Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

Apply health plan claims



Select this option to use your unreimbursed health plan claims to help verify your card purchase

Fax/mail documents

You can fax or mail supporting documents for review. First create a coversheet. Then send it with your documents. Your documents must show:

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible well-being product or service

CANCEL

CREATE COVERSHEET

Click on Download Coversheet. Print and fax or mail along with supporting documents.

Quick tip: Your documents must show the merchant/provider name, patient name, date of service, description of service and final amount you had to pay.

Verify card purchase

To "verify" a card purchase, you can:

1. Send supporting documents for the transaction listed above. ?

2. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. ?

VERIFY CARD PURCHASE

OR

Pay back your account

If you don't have supporting documents for your card purchase or you used your card in error, you must pay back your account.

Amount to pay back \$4.00

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID	Payment Method	Expense Type
997448	Debit Card Purchase	Medical

Documents you sent

[Card Claim Documentation, 07/21/2022](#)

Documents you sent

No documents at this time.

Upload documents

✓

Success! We received your request. Now you need to download your coversheet and fax or mail it with your documents.

Your documents must show:

• Date of purchase or service

• Your name

• Merchant name


• Amount you had to pay

• Description of the eligible well-being product or service

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View the status of your transaction: Select your account from “Your accounts” drop-down menu. Click on Transactions. Then select the transaction you want to view. The grey box will display the status.



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Transaction details: Healthcare (FSA)

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Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS	CLINIC REGEOMAHA NE	(\$4.00)	\$2,846.00

We received your documents and will review them soon. Check back later for results.

Transaction ID

997448

Payment Method

Debit Card Purchase

Expense Type

Medical

Documents you sent

[Card Claim Documentation, 07/21/2022](#)

Documents you sent

No documents at this time.

Apply health plan claims* to verify your card purchase

*only available if your plan includes Connected Claims

After you log in, select “View account details”

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Health Plan Claims (5)

Documents & Forms

Hello, JAMES

Dependent Care

1/1/2024 - 12/31/2024

Change Plan Year

ABC Sample Company

\$500⁰⁰

Available funds

Remaining election

\$500.00

Funds used

\$0.00

Account Actions

View account details

File a claim

Link a bank account

Set up account notifications

Quick Tips

Explore eligible expenses. Find out what you can pay for with your Inspira account.

Shop FSASore

Limited FSA

1/1/2024 - 12/31/2024

Change Plan Year

ABC Sample Company

\$3,498³¹

Available funds

Remaining carryover funds

\$485.00

Remaining election

\$3,498.31

Funds used

\$448.31

Account Actions

View account details

File a claim

Link a bank account

Set up account notifications

Quick Tips

Explore eligible expenses. Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year.

You can use this account to pay for eligible expenses.

Shop FSASore

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Select Verify card purchases.

Quick tip: You'll only see this option under Account activity, if you have unverified card purchases.

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Limited FSA

1/1/2024 - 12/31/2024 [Change Plan Year](#)

ABC Sample Company

\$2,836.00

Available funds

Remaining election

\$2,836.00

Funds used

\$14.00

Spending snapshot

Medical

\$448.31

\$14.00

Total funds spent

Last day to spend funds

December 31, 2024

Last day to file claims

March 31, 2025

Account Actions

File a claim

Link a bank account

Set up account notifications

Explore eligible expenses

Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year.

You can use this account to pay for eligible expenses.

Shop FSASore

Account activity

Claims

You can view claims you sent us here.

To-do list

You have 1 items on your to-do list. Be sure to review the item today.


Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.

Verify card purchases

Action required. You need to verify a card purchase is eligible.

Select a card purchase to verify.



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Verify card purchases

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We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

Date	Description	Amount	
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$4.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View

Click Verify Card Purchase.



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Transaction details: Healthcare (FSA)

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Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS	CLINIC REGEOMAHA NE	(\$4.00)	\$2,846.00

Action Required

You need to resolve your unverified card purchase. Choose one of the options below.

Verify card purchase

To "verify" a card purchase, you can:

1. Send supporting documents for the transaction listed above. ?

2. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. ?

VERIFY CARD PURCHASE

OR

Pay back your account

If you don't have supporting documents for your card purchase or you used your card in error, you must pay back your account.

Amount to pay back \$4.00

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID

997448

Payment Method

Debit Card Purchase

Expense Type

Medical

Documents you sent

No documents at this time.

Documents you sent

No documents at this time.

Click on Apply health plan claims.

Quick tip: You'll see this option if you have eligible health plan claims available.

2. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline. ?

VERIFY CARD PURCHASE

Note: At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID	Payment Method	Expense Type
997448	Debit Card Purchase	Medical


Documents you sent
No documents at this time.

Documents you sent
No documents at this time.

Verify my card purchase


Choose how you want to verify your card purchase is eligible.

Upload documents




Select this option to upload supporting documents for your card purchase.

Fax/mail documents



Select this option to create a coversheet. Then fax or mail it with supporting documents for your card purchase.

Apply health plan claims



Select this option to use your unreimbursed health plan claims to help verify your card purchase

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Select the claims you want to apply.

Quick tip: You'll see this option if you have eligible health plan claims available.

Apply my health plan claims

1

Select claims to apply

Below is the transaction you selected to "verify" with your unreimbursed health plan claims. To get started, select the claim(s) you want to apply.

Transaction date:

1/20/2024

Transaction amount:

\$4.00

Unverified amount:

\$4.00

Description:

PHYSICIANS CLINIC REGE OMAHA NE

Remaining amount to verify

\$4.00

CLEAR ALL SELECTIONS

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
<input type="checkbox"/>	PSRIUS46C04 Aetna Test Carrier	1/8/2024	Boys Town Hospital	Dental	\$40.00	\$40.00
<input type="checkbox"/>	PSRIUS46C03 Aetna Test Carrier	1/7/2024	Boys Town Hospital	Dental	\$30.00	\$30.00
<input type="checkbox"/>	PSRIUS46C02 Aetna Test Carrier	1/6/2024	Boys Town Hospital	Dental	\$20.00	\$20.00
<input type="checkbox"/>	PSRIUS46C01 Aetna Test Carrier	1/5/2024	Boys Town Hospital	Dental	\$10.00	\$10.00

CONTINUE

2

Review selected claims

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Once you select enough claims to verify you card purchase, click continue.

Apply my health plan claims

1

Select claims to apply

Below is the transaction you selected to "verify" with your unreimbursed health plan claims. To get started, select the claim(s) you want to apply.

Transaction date:

1/20/2024

Transaction amount:

\$4.00

Unverified amount:

\$4.00

Description:

PHYSICIANS CLINIC REGE OMAHA NE

Remaining amount to verify

\$4.00

CLEAR ALL SELECTIONS

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
<input checked="" type="checkbox"/>	PSRIUS46C04 Aetna Test Carrier	1/8/2024	Boys Town Hospital	Dental	\$40.00	\$40.00
<input type="checkbox"/>	PSRIUS46C03 Aetna Test Carrier	1/7/2024	Boys Town Hospital	Dental	\$30.00	\$30.00
<input type="checkbox"/>	PSRIUS46C02 Aetna Test Carrier	1/6/2024	Boys Town Hospital	Dental	\$20.00	\$20.00
<input type="checkbox"/>	PSRIUS46C01 Aetna Test Carrier	1/5/2024	Boys Town Hospital	Dental	\$10.00	\$10.00

CONTINUE

2

Review selected claims

Review the claims you selected and click continue. To make changes, go back to step 1.



Apply my health plan claims

1 Select claims to apply

2 Review selected claims

Review your selected health plan claims. To make changes, go back to Step 1.

Select	ID	Service date	Provider name	Expense	Claim amount	Available to apply
1	PSRIUS46C04 Aetna Test Carrier	1/8/2024	Boys Town Hospital	Dental	\$40.00	\$40.00

CONTINUE

3 Certify and submit

CANCEL

Certify and submit your request to apply the health plan claims to your card purchase.



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Apply my health plan claims

- 1 Select claims to apply ?
- 2 Review selected claims

3 Certify and submit

☒ I certify that my spouse, eligible dependent or I have incurred the expenses listed in Step 2. I haven't received reimbursement for any of these expenses. And I won't seek reimbursement elsewhere, including from a Health Savings Account (HSA). If I receive reimbursement, my spouse or I won't claim the same expenses on our income tax return.

SUBMIT

CANCEL

Below is the message you'll see if your request was a success.

Quick Tip: If your health plan claims exceed your card purchase amount, you can request funds from your account now. We've also made it convenient for you to take action on other unverified card purchases, if applicable.



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Apply my health plan claims

Success! We've applied your health plan claim(s) to your card purchase.



We'll consider your purchase "verified." This means you won't have to send us documents for that card purchase.

Your health plan claim(s) exceeded your card purchase amount by **\$36.00**. This amount is still available for you to take action. You can even submit a request to send the funds to you.


[I would like to request funds from my account >](#)

You have **2** card purchases that need to be verified.

[TAKE ME TO MY DASHBOARD](#)

[VERIFY MY CARD PURCHASES](#)

View the status of your transaction: Select your account from “Your Accounts” drop-down menu. Click on Transactions. Then select the transaction you want to view. The grey box will display the status.



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Transaction details: Healthcare (FSA)

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Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS	CLINIC REGEOMAHA NE	(\$4.00)	\$2,846.00

No action needed

This card purchase has been verified. You verified this purchase by applying health plan claims.

Service date

Claim amount

Amount applied

01/08/2024

\$40.00

\$4.00

[View more info](#)

CHANGE MY VERIFICATION METHOD

Transaction ID

997448

Payment Method

Debit Card Purchase

Expense Type

Medical

Documents you sent

No documents at this time.

Documents we sent you

[Final Request for Documentation, 06/24/2024](#)

[Final Request for Documentation, 04/25/2024](#)

If you don't have documents to verify your expense is eligible, you can pay back your account

After you log in, select “View account details”

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Health Plan Claims (5)

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Hello, JAMES

Dependent Care

1/1/2024 - 12/31/2024

Change Plan Year

ABC Sample Company

\$500⁰⁰

Available funds

Last day to spend funds

March 15, 2025

Last day to file claims

March 31, 2025

Remaining election

\$500.00

Funds used

\$0.00

Account Actions

View account details

File a claim

Link a bank account

Set up account notifications

Quick Tips

Explore eligible expenses. Find out what you can pay for with your Inspira account.

Shop FSASore

Limited FSA

1/1/2024 - 12/31/2024

Change Plan Year

ABC Sample Company

\$3,498³¹

Available funds

Annual election

\$3,050.00

Last day to spend funds

December 31, 2024

Last day to file claims

March 31, 2025

Remaining carryover funds

\$485.00

Remaining election

\$3,498.31

Funds used

\$448.31

Account Actions

View account details

File a claim

Link a bank account

Set up account notifications

Quick Tips

Explore eligible expenses. Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year.

You can use this account to pay for eligible expenses.


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View the status of your transaction: Select your account from “Your Accounts” drop-down menu. Click on Transactions. Then select the transaction you want to view. The grey box will display the status.



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Transaction details: Healthcare (FSA) [< Back](#)

Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS	CLINIC REGEOMAHA NE	(\$4.00)	\$2,846.00

No action needed

This card purchase has been verified. You verified this purchase by applying health plan claims.

Service date	Claim amount	Amount applied
01/08/2024	\$40.00	\$4.00

[View more info](#)


CHANGE MY VERIFICATION METHOD


Transaction ID	Payment Method	Expense Type
997448	Debit Card Purchase	Medical

Documents you sent

No documents at this time.

Documents we sent you

[Final Request for Documentation, 06/24/2024](#) 

[Final Request for Documentation, 04/25/2024](#) 

Select Verify card purchases.

Quick tip: You'll only see this option under Account activity, if you have unverified card purchases.

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Limited FSA

1/1/2024 - 12/31/2024 [Change Plan Year](#)

ABC Sample Company

\$2,836.00

Available funds

Remaining election

\$2,836.00

Funds used

\$14.00

Spending snapshot

Medical

\$448.31

\$14.00

Total funds spent

Last day to spend funds

December 31, 2024

Last day to file claims

March 31, 2025

Account Actions

File a claim

Link a bank account

Set up account notifications

Explore eligible expenses

Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$570.00 into the next plan year.

You can use this account to pay for eligible expenses.

Shop FSASore

Account activity

Claims

You can view claims you sent us here.

To-do list

You have 1 items on your to-do list. Be sure to review the item today.

Transactions

You can view your transactions here. This may include payments, deposits and withdrawals.

Verify card purchases


Action required. You need to verify a card purchase is eligible.

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Select a card purchase to verify.



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Verify card purchases

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We can't confirm these card purchases were for eligible expenses. This means you need to take action. Select a card purchase to verify it.

Date	Description	Amount	
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$4.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View
01/24/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE	(\$5.00)	View

Click Pay Back Account

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Transaction details: Healthcare (FSA)

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Date	Transaction type	Description	Amount	Balance
03/07/2024	Debit card purchase - PHYSICIANS CLINIC REGEOMAHA NE		(\$4.00)	\$2,846.00

Action Required

You need to resolve your unverified card purchase. Choose one of the options below.

Verify card purchase

To "verify" a card purchase, you can:

1. Send supporting documents for the transaction listed above.

2. Send documents for a different eligible expense (same amount or greater) from the same plan year. We must receive before the claim filing deadline.

VERIFY CARD PURCHASE

Pay back your account

If you don't have supporting documents for your card purchase or you used your card in error, you must pay back your account.

Amount to pay back

\$4.00

Note:

At this time, we can only accept an online payment for the full amount. For a partial payment, you can send a check.

PAY BACK ACCOUNT

Transaction ID

997448

Payment Method

Debit Card Purchase

Expense Type

Medical

Documents you sent

No documents at this time.

Documents you sent

No documents at this time.

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Select your payment method and click, Continue.



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Pay back my account: Limited FSA

Do you have a card payment that you're unable to verify? If so, you can complete these steps to pay back your account. Simply choose the amount and how you want to pay.

Date of transaction: 01/24/2024 **Description:** Debit card purchase - PHYSICIANS CLINIC REGE OMAHA NE

Amount to pay back: \$5.00

1

Select payment method

*Indicates required field

Amount to pay back: \$5.00

Payment method* ?

Bank of America (CHK) - 1234


▼

CONTINUE

2

Review and submit

Select your payment info and click, Submit.



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Pay back my account: Limited FSA

Do you have a card payment that you're unable to verify? If so, you can complete these steps to pay back your account. Simply choose the amount and how you want to pay.

Date of transaction: 01/24/2024 **Description:** Debit card purchase - PHYSICIANS CLINIC REGE OMAHA NE

Amount to pay back: \$5.00

1

Select payment method

2

Review and submit

Review your payment information and submit your request. If you need to make changes, go back to [Step 1](#).

Amount: \$5.00

Payment method: Bank of America (CHK) - 1234


I authorize Inspira Financial Health, Inc. All rights reserved. to initiate a payment to my Healthcare (FSA) for the unverified card purchase, using the payment method listed above. I understand that once I pay back my account for this transaction, I can no longer send documents to Inspira Financial to verify the expense is eligible.

SUBMIT

Payment request received


Allow 2 to 3 business days for processing.

Pay back my account: Limited FSA



Success! We received your request to pay back your Limited FSA.

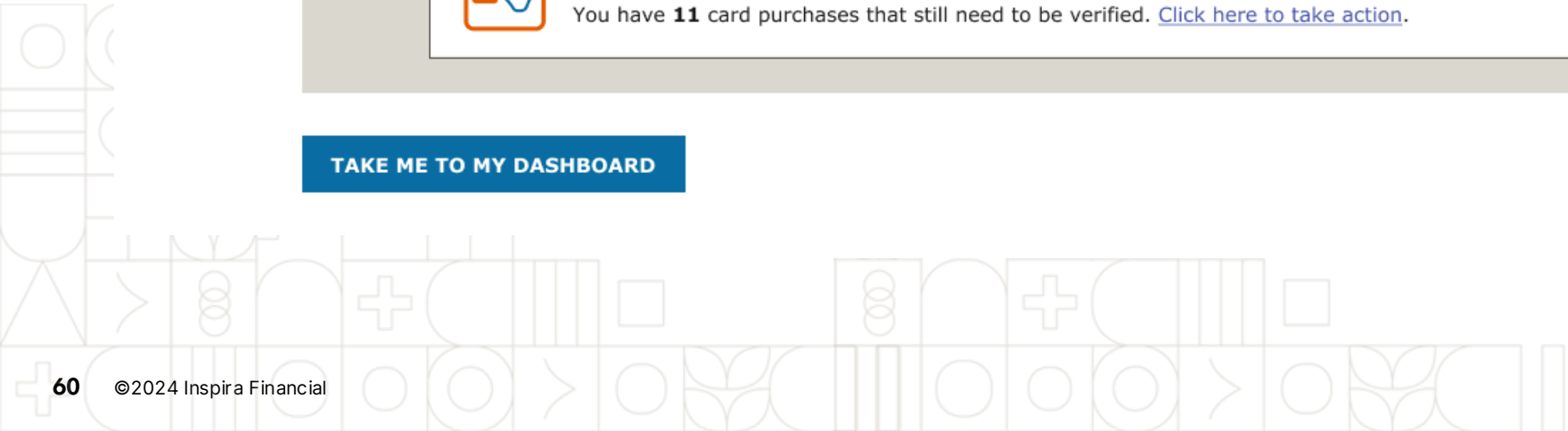
It should take about 2 to 3 business days to process your payment.



Unverified Card Purchases

You have **11** card purchases that still need to be verified. [Click here to take action.](#)

TAKE ME TO MY DASHBOARD



Thank you!

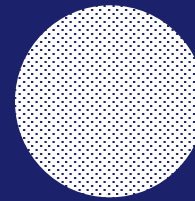


Questions?

Visit inspirafinancial.com or call us at
1-844-729-3539 (TTY:711)

Monday – Friday, 7 a.m. to 7 p.m. CT

Saturday, 9 a.m. to 2 p.m. CT



Presenter Name

Job title

Contact Info

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(03/24)