

# HealthEquity Visa® Reimbursement Account Card\*

## Card substantiation:

While your card provides the convenience of not having to use out-of-pocket funds, you may still need to submit receipts if your merchant doesn't capture the information the IRS requires to substantiate, or validate, a purchase at the point-of-sale.

## Why we need to substantiate transactions

Transactions must be substantiated to ensure that the money is truly spent on qualified medical expenses. Occasionally, some merchants do not provide all of the information required by the IRS, so HealthEquity must substantiate.

## Submitting card substantiation

When submitting documentation, ensure the following information is shown on the itemized receipt or Explanation of Benefits (EOB):



- Name of provider
- Service(s) provided
- Date(s) the service took place (documentation showing only the date paid or billing cannot be accepted)
- Amount patient is responsible to pay
- Patient Name

Documentation that doesn't show all required information will not be substantiated and will require additional documentation. Substantiation can be submitted through the mobile app, on the member portal, mailing, faxing or email.

## Know your balance

The card only works when it has a positive balance, so make sure you have sufficient funds in your account to cover an expense. To check your balance, sign into the mobile app, log into the member portal or contact HealthEquity using the number on the back of your card.

## Letter of medical necessity

Some expenses are ineligible, unless prescribed by a doctor. In those cases, you need a letter from your medical provider detailing the service(s), medical need, treatment, and the treatment duration (not to exceed 12 months). A letter of medical necessity form is available on your member portal under Forms.

## Save all receipts

In the event that your transaction must be substantiated, you must provide a receipt of the transaction. Therefore, it is important to save every receipt.

**HealthEquity®**  
Building Health Savings™

## How to use your card

Use your card for services within the current plan year

Run your card as credit

Only use your card for qualified expenses for you and your eligible dependents

### *For prescriptions:*

Swipe your card for the amount you owe for covered prescriptions at the point-of-sale

### *For medical, dental, and vision expenses*

We recommend using your card only after you receive your EOB. The EOB tells you how much you owe the provider after the insurance plan has paid its portion, if any. Paying before you receive your EOB may result in overpayment, which will require you to reimburse the overpaid amount to your account.

## Timing and communication of letter requesting substantiation

If substantiation is needed for your transaction, you will receive notification(s) asking you to send documentation to HealthEquity. If documentation is not submitted within 60 days of receiving your first request, you'll receive an automatic overpayment notification.

## Timeframe of substantiation

The normal turnaround time for processing the documentation you submit to substantiate a card purchase is two to five business days.

## Overpayment checks

When a transaction is deemed ineligible or a receipt isn't provided, a personal check for the amount of the ineligible expense may be required to reimburse the account.

## Termination

If you retire or leave your company before the end of your plan year, stop using your card immediately and consult your employer's plan documents concerning terminated employees.

## Rules for over-the-counter (OTC) Medications



If you have a prescription for an OTC medicine, you must pay out-of-pocket at the point-of-sale and manually submit a reimbursement request.

Submit a claim request through the member portal or use the reimbursement form found on the portal. You can even upload supporting documentation online.

When submitting a claim for medicinal OTC items (i.e., medicated bandages, ointment with antibiotic), a doctor's note or letter of medical necessity stating the specific medical condition to be treated is required.

A non-specific doctor's note is not sufficient (for example, a note stating that you need to take aspirin isn't sufficient, but a note stating that you need to take aspirin for arthritis for the next four months is sufficient).

A letter of medical necessity form is available on your member portal under Forms.

If you have questions about your card, call the number on the back of your card.

*Available every hour  
of every day*

# HealthEquity®

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## Frequently asked questions

**Q** Will I get a new card at the start of each plan year?

**A** No. Your current card will be reloaded with funding for the new plan year.

**Q** What if a health care provider doesn't accept cards?

**A** File a manual claim by downloading and filling out a reimbursement request form from your member portal and mailing, faxing, or emailing it to HealthEquity, or simply upload the documentation to your member portal or submit through the mobile app.

**Q** Can my spouse or dependent(s) use the card?

**A** Yes. You can contact HealthEquity to order cards for your spouse or dependent(s).

**Q** What do I do if my card is lost or stolen?

**A** Call member services to deactivate your lost or stolen card and have a new one issued.

**Q** Should I send receipts for claims I think will need substantiation?

**A** No. Wait for a request. If receipts are received before substantiation is needed, you may still receive a request for documentation. Check the substantiation status of the card transaction(s) in your member portal.

**Q** How do I submit documentation?

**A** The substantiation request will include the HealthEquity mail, fax, and email address to send documentation to. You may also submit it through the portal or the mobile app.

**Q** Can I send in claims for my card transactions?

**A** No. You've already used your account by paying with your card and cannot be reimbursed for the service.

**Q** What do I do if the card is accidentally used for ineligible expenses?

**A** Contact member services. You'll need to send an overpayment check to reimburse your account or submit another qualified expense to cover the ineligible amount.