



SPENDING ACCOUNT CLAIMS MADE EASY

Our three-step process can help ensure claims from your Transamerica spending accounts are approved quickly

When you use your spending account to pay for services such as dependent care or medical expenses, the IRS requires documentation to show the expenses are eligible for reimbursement. Follow these three steps to help ensure your claims are approved in a timely manner:

STEP 1

Review request for documentation sent to your email or by regular mail. Notices can also be found in the **Task** section under the **Home** tab on your employer's retirement plan website.

STEP 2

Retrieve bill or Explanation of Benefits (EOB) from provider. Documentation must include the following (abbreviated to PAWS):

- P** Provider name
- A** Amount you are responsible for paying
- W** When (date of service)
- S** Service provided

STEP 3

Submit documentation to Transamerica through one of the following options:

- Employer plan's website
- Email — transamerica@service.healthaccountservices.com (remember to include claim number with your request)
- Transamerica HSA app (download from the App Store or Google Play)
- Fax: 833-950-1245
- Regular mail: Transamerica, PO Box 2248, Fargo, ND 58108

P Check box if your address has changed and update on back.

W **Date of Service:** January 20, 2020

S **Type of service**

Type of service	Amount billed(\$)	Allowed amount(\$)	Benefits paid(\$)	Amount you are responsible for(\$)
X-Ray Exam of Neck/Spine - see note E23	151.01	56.70	0.00	56.70
Office Visit, Mod Complie, 25 Min - see note E23	107.00	40.46	0.00	40.46
Total for this claim	\$258.01	\$97.16	\$0.00	\$97.16

A benefit year deductible of \$9716 was applied to this claim.

Note: E23 - Your in network healthcare professional has agreed to accept the allowed amount (our payment plus any deductible and coinsurance) as payment in full.

Pay Your Bill Online
Go to quickbillpay.abccompany.org
Enter your last name and Guarantor ID or Visit #

Guarantor ID	Due Date	Amount Due	Amount Paid
7593	03/24/20	\$97.16	\$

Please make checks payable and remit to:

ABC Company
6400 C St. SW
Cedar Rapids, IA 52404

0000000759350324200000097163

A

Account Summary
Additional account details begin on page 2.

Previous Account Balance	\$4,183.95
New Services	\$0.00
Insurance Payments/Adjustments	\$0.00
Amount Paid by You	\$-1,493.28
Other Adjustments	\$-663.78
Total Account Balance	\$97.16

Account Information

Guarantor ID: 7593
Statement Date: 02/25/20

Detach and return top portion with payment.