

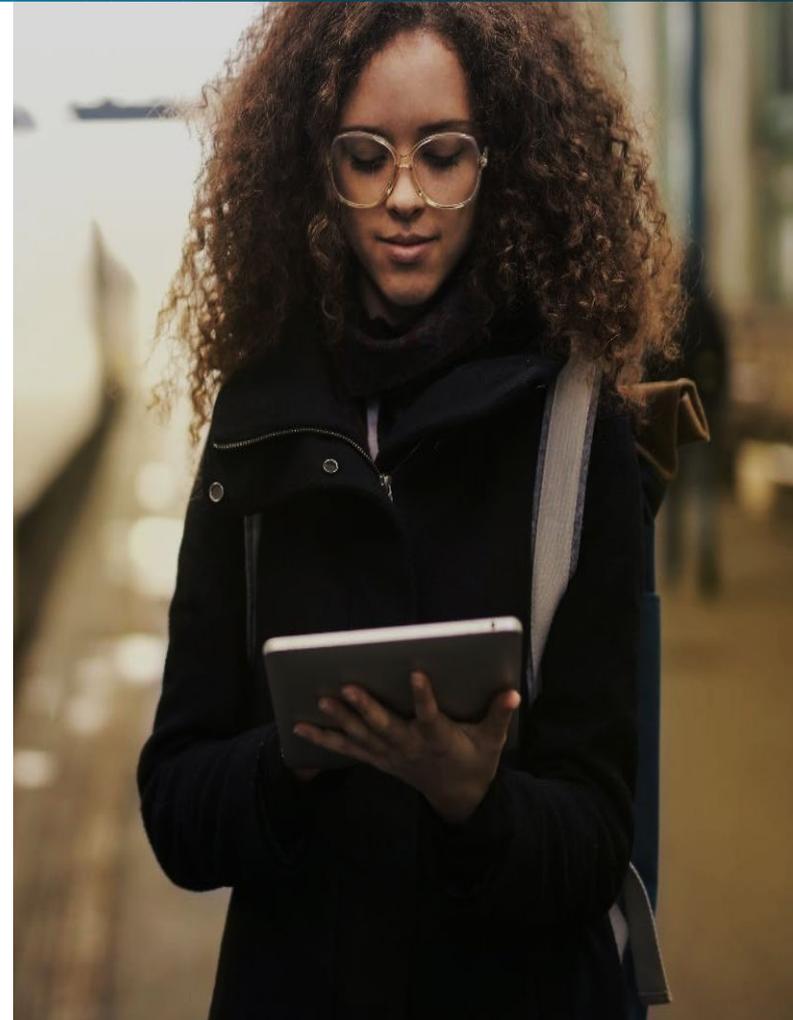


# Filing Claims

How to find and submit  
Medical EOBs and  
Pharmacy Reports.

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Sample  
Moda  
EOB

## Medical claim details

Member: JOHN Q. SMITH  
Claim #: 21713871300

Provider: UNIVERSITY PROFESSIONAL SERVICES  
Network: CONNEXUS

TYPE OF SERVICE - Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Member not covered	Deductible	Copay	Coinsurance
OFFICE VISIT - 99214 04/24/2019	\$337.00	\$99.79	\$237.21	\$167.21	PDC	\$0.00	\$0.00	\$0.00	\$70.00
<b>Totals</b>	<b>\$337.00</b>	<b>\$99.79</b>	<b>\$237.21</b>	<b>\$167.21</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$70.00</b>

Medical plan paid to provider: **\$167.21**

Paid 05/10/19

Amount you owe: **\$70.00**

Member: JOHN Q. SMITH  
Claim #: 21643287157

Provider: NICOLE R CABALLERO DC  
Network: CONNEXUS

TYPE OF SERVICE - Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Member not covered	Deductible	Copay	Coinsurance
THERAPY - 98941 04/26/2019	\$79.58	\$35.88	\$43.70	\$23.70	PDC	\$0.00	\$0.00	\$20.00	\$0.00
THERAPY - 98943 04/26/2019	\$53.82	\$25.30	\$28.52	\$28.52	PDC	\$0.00	\$0.00	\$0.00	\$0.00
THERAPY - 9714059 04/26/2019	\$282.78	\$203.20	\$79.58	\$79.58	n76	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$416.18</b>	<b>\$264.38</b>	<b>\$151.80</b>	<b>\$131.80</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20.00</b>	<b>\$0.00</b>

Medical plan paid to provider: **\$131.80**

Paid 05/10/19

Amount you owe: **\$20.00**

Reason code	Description
PDC	Provider discount has been applied.
n76	Per Medicare guidelines, a multiple procedure reduction should be applied to this claim line.

### Comments:

If you are covered by more than one health benefit plan, you or your provider should file all your claims with each plan.

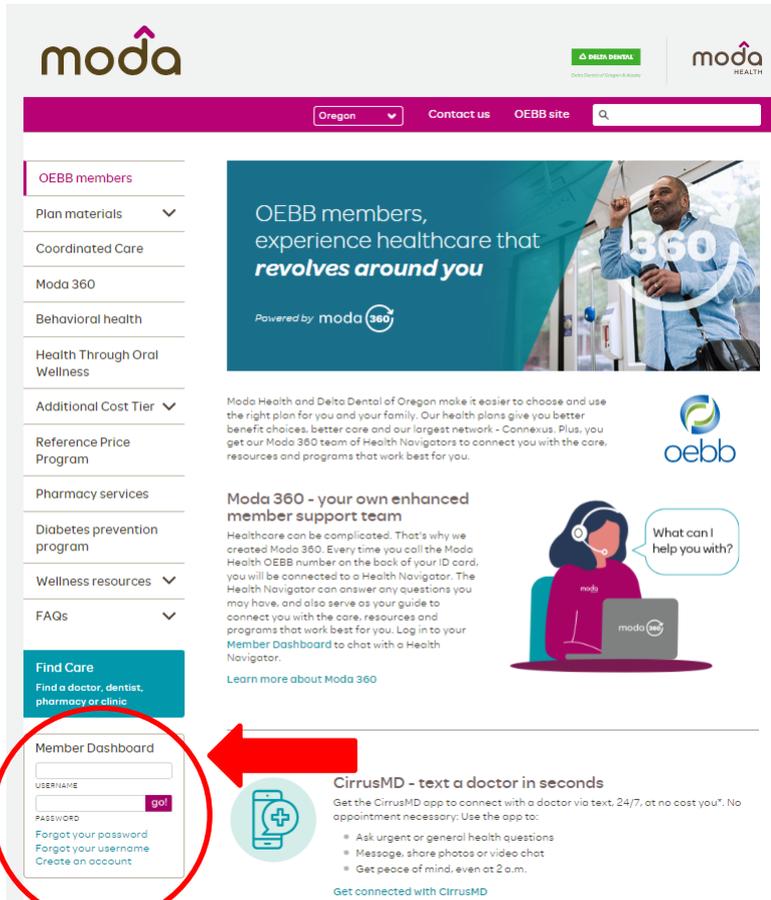
Group: ABC Company  
Member ID: 1234567890



Claims should  
be filed based  
on Date of  
Service (found  
here)

# Moda EOBs

- Log in to <https://modahealth.com/oebb/>
  - Log in
  - 'Forgot your password'
  - 'Forgot your username'
  - 'Create an Account'



## Registration

Please use the information from your ID card to register.

First name

Middle initial

Last name

Date of birth

Subscriber ID

Email address

Re-type email

Occasionally email me breaking news and important information to help me manage my health. Please be assured that your email address is confidential and will never be sold, rented or shared with a third party.

Next

# Moda Explanation of Benefits (EOBs)

Once you have logged in, move your mouse over to Claims/EOBs towards the top of the screen and select 'EOBs' from the dropdown menu.

The screenshot shows the top navigation bar of the Moda Health website. The 'Claims/EOBs' dropdown menu is open, and the 'EOBs' option is circled in red. The dashboard content includes a welcome message, member ID, PCP 360 information, and member information fields.

**Navigation Bar:** Home, Find care ▾, Claims/EOBs ▾, Benefits ▾, Moda 360 ▾

**Claims/EOBs Dropdown Menu:** Claims >, **EOBs >**, Pharmacy >

**Member Dashboard Content:**

- welcome to your Member Dashboard
- Member ID: [REDACTED]
- Powered by moda 360
- PCP 360** ⓘ  
Your primary care provider (PCP) 360 is part of your health team, and is accountable for the quality of your care.
- Members with PCP 360: [REDACTED]
- Member information:**  
Member ID: [REDACTED] Group number: [REDACTED]  
Insurance type: Preferred Provider Organization  
Group name: [REDACTED]
- Live Chat button

- Enter the service date range

The dates for the current Plan Year are 10/01/2023 - 09/30/2024.

- Click the dropdown menu to choose yourself or a specific family member.
- Click 'Apply' if you are updating any of the 'filter' items.
- Click on the EOB date

The screenshot shows the user interface of the Moda Health website. At the top, there is a purple navigation bar with a user profile icon, a dropdown arrow, and links for "Contact us" and "Log out". Below this is a white header with the "moda HEALTH" logo, a "DELTA DENTAL" badge, and navigation links for "Home", "Find care", "Claims/EOBs", "Benefits", and "Moda 360".

The main content area is divided into two sections. On the left, under the heading "Filters", there are three filter categories: "Service date range", "Patient", and "Provider". The "Service date range" filter is highlighted with a red oval and shows the dates "10/01/2023" and "09/30/2024" with calendar icons. Below these are dropdown menus for "Patient" (set to "All") and "Provider" (set to "All"). A teal "Apply" button and a "Clear filters" link are at the bottom of the filter section.

On the right, under the heading "Explanation of benefits", there is a list of six EOB items. Each item consists of a document icon, the date (e.g., "EOB | 03/06/2023"), a redacted area, and a right-pointing chevron. The dates listed are 03/06/2023, 02/20/2023, 12/19/2022, 12/12/2022, 11/28/2022, and 11/14/2022. The text "9 of 9" is visible in the top right corner of this section.

A teal "Live Chat" button is located in the bottom right corner of the page.

[Contact us](#)[Log out](#)[Home](#)[Find care](#) ▾[Claims/EOBs](#) ▾[Benefits](#) ▾[Moda 360](#) ▾[< EOBs](#)

EOB Dated March 06th 2023

Patient / Provider / Claim

Total

You Pay

[View EOB](#)[Live Chat](#)

Please review the PDF of your EOB for all details, rights, and responsibilities.

- Click 'View EOB' to open the PDF.
- Once your EOB opens, you may download (save as PDF) or print the document.

# Moda Pharmacy Expenses

Once you have logged in, move your mouse over to Claims/EOBs towards the top of the screen and select 'Pharmacy' from the dropdown menu.

The screenshot shows the top navigation bar of the Moda Health Member Dashboard. The 'Claims/EOBs' dropdown menu is open, and the 'Pharmacy' option is circled in red. The dashboard includes a welcome message, member ID, and various service tiles like 'PCP 360' and 'Member information'. A 'Live Chat' button is also visible.

moda HEALTH DELTA DENTAL

Home Find care Claims/EOBs Benefits Moda 360

Claims >  
EOBs >  
**Pharmacy >**

welcome to your Member Dashboard  
Member ID: [REDACTED]

Powered by moda 360

PCP 360 ⓘ  
Your primary care provider (PCP) 360 is part of your health team, and is accountable for the quality of your care.

Members with PCP 360 [REDACTED] [REDACTED]

Member information [REDACTED]

Member ID [REDACTED] Group number [REDACTED]

Insurance type Preferred Provider Organization

Group name

Live Chat

Or reach out to a Moda Health Navigator at at (866)923-0409 (Medical) or (866)923-0411 (Pharmacy).

[Contact us](#)[Log out](#)[Home](#)[Find care](#) ▾[Claims/EOBs](#) ▾[Benefits](#) ▾[Moda 360](#) ▾[Claims](#)[EOBs](#)[Pharmacy](#)

Your Navitus account allows you to view and print your medication claims history, check medication costs, find in-network pharmacies, and download forms. You can also keep track of your over-the-counter medications and supplements by adding them to your Medicine Cabinet.

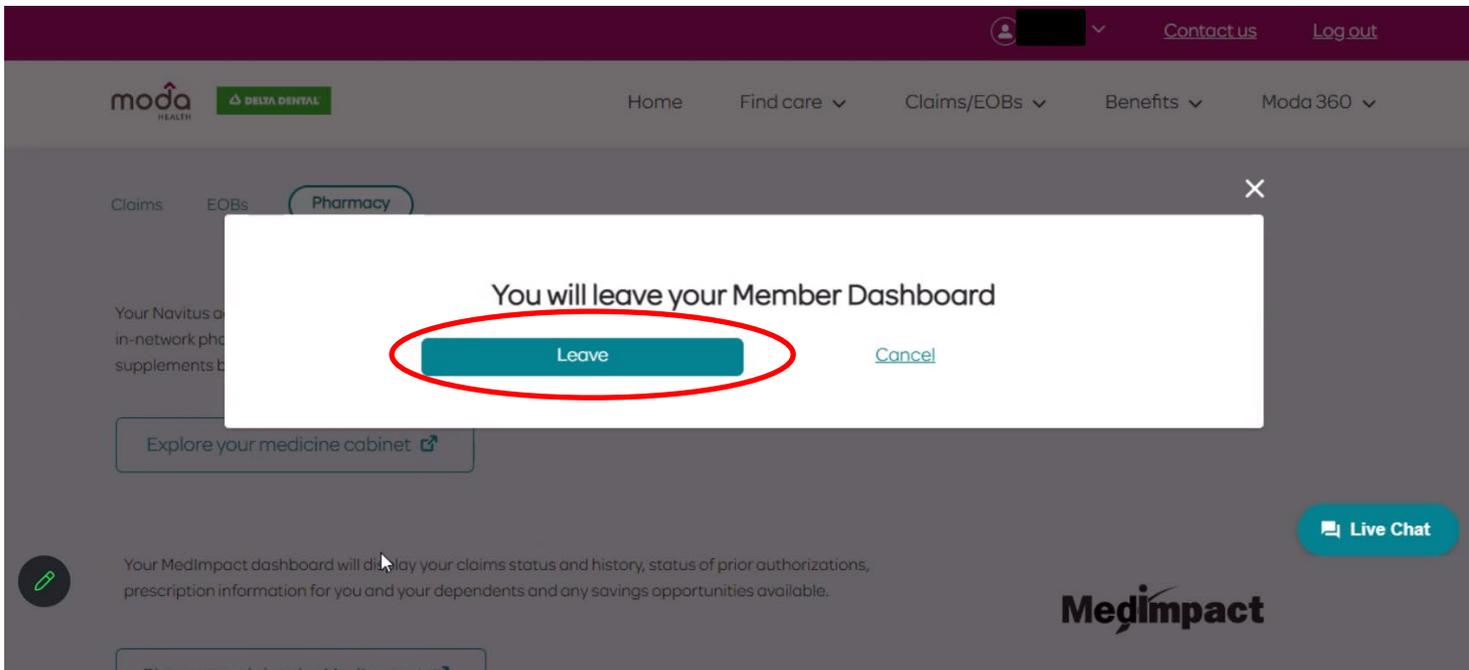
[Explore your medicine cabinet](#) [Live Chat](#)

Your MedImpact dashboard will display your claims status and history, status of prior authorizations, prescription information for you and your dependents and any savings opportunities available.

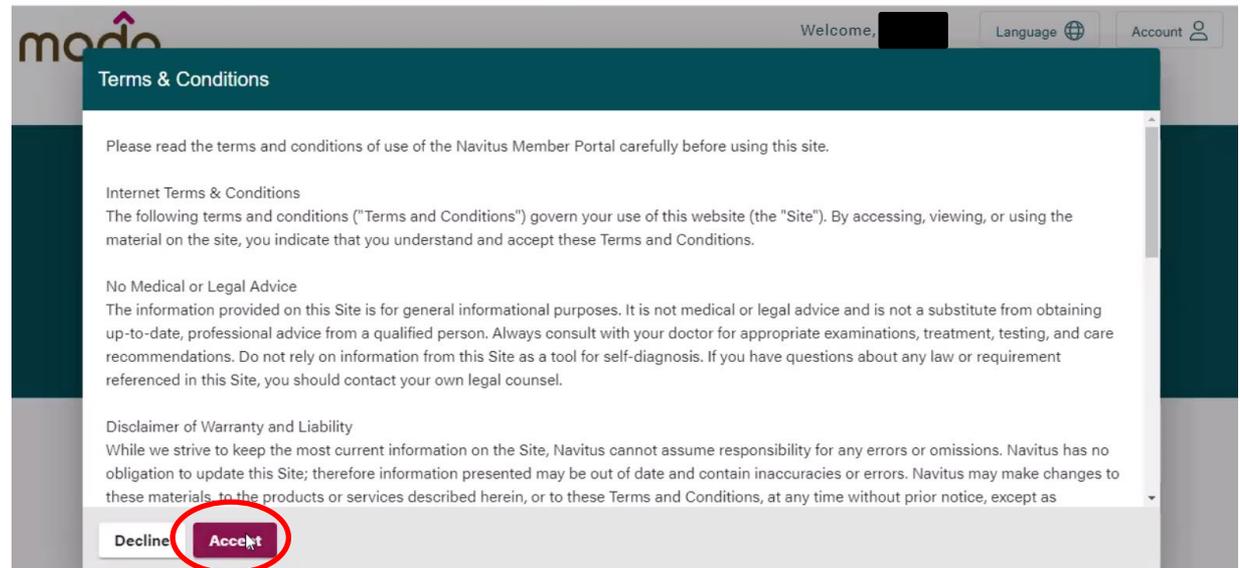


- Click 'Explore your medicine cabinet'

Or reach out to a Moda Health Navigator at at  
(866)923-0409 (Medical) or (866)923-0411 (Pharmacy).



- Click 'Leave' on the message that reads 'You will leave your Member Dashboard'
- Click 'Accept' for Terms & Conditions



and find the best prices



Enter a drug name



### Explore Medicine Cabinet

Your medications and prescription history at a glance

[Learn more](#)



### Find a Pharmacy

View a list of convenient in-network pharmacies

[Search locations](#)

- Click 'Learn More' under 'Explore Medicine Cabinet'

Or reach out to a Moda Health Navigator at at (866)923-0409 (Medical) or (866)923-0411 (Pharmacy).

Start by searching for a medication or choose from a list of your past medications to the right

Search for over-the-counter drugs as well as prescriptions

### Rx History

Sort by medication name

Click 'Add to Current' to include in the list to the left

 MY PRESCRIPTION HISTORY REPORT

- Under 'Rx History, scroll down and select 'My Prescription History Report'  
Or reach out to a Moda Health Navigator at at  
(866)923-0409 (Medical) or (866)923-0411 (Pharmacy).

## Medication History

Create a report to see all prescription drugs that you have taken.

Start Date \*

10/01/2023

(mm/dd/yyyy) \* Start date is required

End Date \*

09/30/2024

(mm/dd/yyyy) \* End date is required\* Maximum date range is 2 years from today

Family Member

Date of Birth

 **Get Report**

- Enter Date Range

The dates for the current Plan Year are 10/01/2023 – 09/30/2024.

- Select Family Member
- Click 'Get Report'

Or reach out to a Moda Health Navigator at at  
(866)923-0409 (Medical) or (866)923-0411 (Pharmacy).

(mm/dd/yyyy) \* Start date is required

End Date \*

09/30/2024



(mm/dd/yyyy) \* End date is required

\* Maximum date range is 2 years from today

Get Report

Date of Birth [Redacted]

Prescriptions Filled from 03/17/2021 - 03/17/2023 for [Redacted]

VIEW AS PDF

Rx#	Fill Date	Drug Name	Pharmacy	Days Supply	Quantity	Patient Pay	Plan Pay	Options
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	...

- Click 'View As PDF'
- Once your EOB opens, you may download (save as PDF) or print the document.

Or reach out to a Moda Health Navigator at at (866)923-0409 (Medical) or (866)923-0411 (Pharmacy).

# How to read your Explanation of Benefits (EOB)



**KAISER PERMANENTE.**

**This is not a bill**

Have questions about your benefits?  
Give us a call at 1-877-875-3805 or visit [kp.org](http://kp.org)

---

**Explanation of Benefits**

Medical record number: 0020836447  
Plan type: HMO - HMO COMMERCIAL-DHMO

Group identification: 000100971\*1001  
Account holder identification: 000020836447

Summary of services for Johnny Aldrin

June 14, 2016
RYAN
O'CONNOR
00976

Service Date	Location/Provider, Claim No., Reason Code	Description	Charges	Plan Rate	Paid by Plan	Paid by Other Insurance	Your Share of the Charges		
							Not Covered*	Deductible	Copay/Coinsurance
06/02/16	RYAN	EMERGENCY	\$1200.00	\$1200.00	\$150.00	\$0.00	\$0.00	\$1000.00	\$0.00
06/04/16	O'CONNOR	ROOM, GENERAL (0450)							\$50.00
<b>Totals</b>			\$1200.00	\$1200.00	\$150.00	\$0.00	\$0.00	\$1000.00	\$50.00
<b>Total amount you owe or have already paid</b>							<b>\$1050.00</b>		

*\*Certain services may not be covered by your plan. In that case, you'll be responsible for the full charges. See your plan documents for a list of covered services or call us to review your evidence of coverage document.*

**Remember:** You can help control your costs by getting care and services from Kaiser Permanente or affiliate providers. If you visit an out-of-network provider, your costs may be higher. If you are covered by more than one health benefit plan, you should file all your claims with each plan.

**Manage your costs online**

With My Health Manager at [kp.org](http://kp.org), it's easy to track your expenses, pay bills, view your plan information, and more – 24 hours a day, 7 days a week. If you haven't registered on our website, visit [kp.org/register](http://kp.org/register) to get started.

Claims should be filed based on Date of Service (found here)

- D
 This shows the date your EOB was printed and represents your Explanation of Benefits from the start of your annual contract through that date.
- E
 This column shows the date or dates you received specific services.
- F
 This column shows the name of the provider you received services from as well as your claim number, which is a number used to identify the service you received.
- G
 This is a description of the services you received.
- H
 This shows the charges for the services you received. You won't always pay these amounts. They are the full charges before your health plan pays. Your costs are usually lower than the amount shown here.
- I
 This is the rate we negotiated with your care provider for the services you received. The amount you pay will usually be lower once any amounts paid by your health plan are included.
- J
 This is the amount we paid your care provider for the services you received based on your plan details.
- K
 This is the amount paid by your other health insurance plan (if you have one) for services you received. This doesn't include any amount Kaiser Permanente may have paid.
- L
 This shows your share of the charges, including costs that are not covered, the amount you've paid toward your deductible to date, and the amount of your copay or coinsurance (which is the set amount you pay for covered services based on your plan). In this example, Johnny has paid \$1,000 toward his deductible to date and his service on 06/04/16 cost him \$50 as a copay/coinsurance. So, to date, Johnny owes or has already paid \$1,050.

# Kaiser EOBs

Log in to <http://kp.org>

Log in

'Forgot your User ID or password?'

'Create my account'

## Sign in



USER ID

PASSWORD

By signing in, you agree to our website  
[Terms & Conditions](#) and [Privacy Statement](#).

Sign in

[Forgot your User ID or password?](#)

## Register



[Create my account](#)

# Kaiser EOBs

- Log in to <http://kp.org>
- Click on your name in the right hand corner
- Click down arrow
- Click 'My Documents'
- Scroll to EOBs
- Click on EOBs
- Save the EOB(s) or print the document(s)

## Kaiser Pharmacy Expenses

- Kaiser pharmacy copay expenses (prescription tags or pharmacy summaries such as 'Statistical Analysis System' (SAS) reports) can also be submitted to DBS.
- SAS reports can be obtained by contacting Kaiser Member Services at (503)813-2000.

**Please Note:** There is a unique situation where Kaiser members may receive medical EOBs from CHP for alternative care services. You may submit CHP EOBs to DBS. Please let us know if you have questions or feel your claims are not being processed properly.



## Claims Filing Options that meet your needs.

### Reminder:

Once you have your EOBs &/or pharmacy report, you have 4 ways to choose from on how to submit them to DBS:

#### Why file online?

- **Fast**  
There's no quicker way to get reimbursed for your Group HRA claims.
- **Convenient**  
Day or night, on your favorite device, go online and get account information.
- **Safe**  
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**  
View account balance and activity.

[DBSbenefits.com](http://DBSbenefits.com)

#### File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.<sup>®</sup> (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Group Health Reimbursement Arrangement (HRA).

1. Login to your online account at [DBSbenefits.com](http://DBSbenefits.com)
2. Select the Benefit Plan Type (HRA) and Plan Year
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information (select 'Deductible' or 'Coinsurance/Copay' to the best of your ability. Claims will be adjusted by DBS if needed.)
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

#### File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.<sup>®</sup> name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



#### File via mail or fax

More traditional filing is available, too.

1. Download a claim form at [DBSbenefits.com](http://DBSbenefits.com)
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

Diversified Benefit Services, Inc.  
P.O. Box 260  
Hartland, WI 53029  
(800) 234-1229

For assistance, please call DBS at **(800) 234-1229**  
or visit [DBSbenefits.com](http://DBSbenefits.com)



Mail or fax this form to:  
Diversified Benefit Services, Inc.  
P.O. Box 260  
Hartland, WI 53029  
Fax: (262) 367-5938  
For additional claim forms log on at [www.dbsbenefits.com](http://www.dbsbenefits.com)

### Section 105 Health Reimbursement Arrangement (HRA) Claim Form

Employee Name (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Your Employer (please print): Hillsboro School District

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Indicate here if your address/information has changed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are requesting reimbursement from a section 105 Plan please complete the appropriate information at the right.

**SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**  
**SEE INSTRUCTION GUIDE IN REIMBURSEMENT KIT**

**Who incurred the expense?**  Employee  
(check all that apply)  Spouse  
 Dependent

To expedite your Section 105 reimbursement please complete the top portion of the expense reimbursement claim form and remember to sign your name in the appropriate area.

You must attach proper documentation to this form for reimbursement. An example is an Explanation of Benefits (EOB) report from your medical insurance provider. This report is sent to you by your insurance *after* it has been processed.

OFFICE USE ONLY: A: \_\_\_\_\_ D: \_\_\_\_\_

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses. I will not claim these items on my personal income tax return for medical itemization nor claim any dependent care reimbursement expenses as tax credit. I certify that I will not be reimbursed for the expenses listed below from any insurance company or insurance plan or the following: any other Flexible Benefit Plan, Medical Savings Account (MSA), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), another reimbursement plan or any other source. I also certify that the expenses have been incurred and dates of service are during the timeframe required by the benefit plan. I will also provide documentation necessary to support the amounts being requested for reimbursement. In addition, by signing this document, I acknowledge and agree that DBS may, in the case of an overpayment (fraudulent, inadvertent or otherwise), offset future expense reimbursements to me to account for such an overpayment. I also agree to immediately inform DBS if I become aware of an overpayment and agree to reimburse the Plan Sponsor to the extent that an offset of future reimbursements is either impossible or inconvenient. Finally, I certify that I am aware that I may be reimbursed from the Plan only for my own expenses, expenses of my spouse, and expenses of my "dependent" children as defined by my employer's Plan.

Customer Service: 800-234-1229 • Fax: 262-367-5938 • [www.dbsbenefits.com](http://www.dbsbenefits.com)

Use your sheet that looks like this as a cover sheet if you mail or fax your claims in.

<https://www.dbsbenefits.com/>

LATEST NEWS CAREERS CONTACT

ASAP<sup>®</sup>

USER LOGIN



**DIERSIFIED**  
BENEFIT SERVICES, INC.

Services Why DBS Participant Resources Broker Resources





Login

Name

Password

Login

> Forgot Your Password?

> Create New Account

> Help

This site is secured by a Verisign SSL Certificate.



Login

Name

Password

Login

> Forgot Your Password?

> Create New Account

Enter your employer PIN below. PIN numbers are available through your employer or by contacting Diversified Benefit Services, Inc.

PIN

Need your employer PIN?

For assistance please call:  
(800) 234-1229

> Help

Your Employer  
PIN:  
HillsboroSD

When creating your new login with DBS, you will be asked for your social security number, address, email, etc.

**Hillsboro School District**  
Health Reimbursement Arrangement  
**Employee Online Account Viewing Setup**  
(Provided by Diversified Benefit Services, Inc. (DBS))

As a Plan Participant, you have access to your account information through the DBS online account viewing system known as **A.S.A.P.®** - Advanced Strategic Administration Program. This system allows you to view your claim and reimbursement information related to your Plan.

**To begin viewing your information you will need to create your personal online account.** (All information provided is securely encrypted and protected.)

**CREATING YOUR ONLINE ACCOUNT**

1. Go to the DBS website at [www.dbsbenefits.com](http://www.dbsbenefits.com)
2. Click 'User Login' located on the top right of your screen.
3. On the Login screen, click on "Create New Account"
4. Enter your employer PIN: **HillsboroSD** (then click the red arrow)
5. Enter the New Account Information requested.
  - a. Your Email address is required.
  - b. You may choose any combination of characters (minimum of 8 characters) when entering your Login Name
  - c. You may choose any combination of characters, 1 upper case, 1 lower case and 1 numeric when entering your Password.
6. When you are finished click "submit". A message will indicate that your account has been successfully created. You will also receive an email confirmation.
7. You may now logon with your Login Name and Password and view your current account information.

**Still Have Questions? Contact:**

**DBS Customer Service**  
(800)234-1229  
Monday – Friday  
6:30 AM – 3:00 PM Pacific



## Hillsboro School District Acuerdo de reembolso de salud según la sección 105

### Creación de cuenta en línea

(Proporcionado por Diversified Benefit Services, Inc. (DBS))

Como un participante del Plan, usted tiene acceso a la información de su cuenta a través de la cuenta en línea de DBS viendo el sistema conocido como A.S.A.P. ® - Programa de administración estratégica avanzada. Este sistema le permite ver su información de reclamación y reembolso relacionado con su Plan.

Para comenzar a ver la información, necesita crear su cuenta personal en línea. (Toda la información proporcionada es bien cifrada y protegida)

#### CREAR SU CUENTA EN LÍNEA

1. Ir al sitio web de DBS: [www.DBSbenefits.com](http://www.DBSbenefits.com).
2. Haga clic en "iniciar sesión de usuario" situado en la parte superior derecha de tu pantalla.
3. En la pantalla inicial, haga clic en "crear nueva cuenta."
4. Introduzca su empleador PIN: **HillsboroSD** (luego haga clic en la flecha roja).
5. Ingrese la nueva información de cuenta solicitada.
  - a. Su dirección de correo electrónico es necesario.
  - b. Usted puede elegir cualquier combinación de caracteres (mínimo de 8 caracteres) cuando entrar su nombre de usuario.
  - c. Usted puede elegir cualquier combinación de caracteres, 1 mayúscula, 1 minúscula y 1 numérico al introducir su contraseña.
6. Cuando haya terminado, haga clic en 'Enviar'. Un mensaje le indicará que su cuenta se ha creado con éxito. Usted también recibirá confirmación por su correo electrónico.
7. Ahora puede iniciar la sesión con tu nombre de usuario y contraseña y ver su información de cuenta corriente.



# How to upload your EOBs



Clicking on Claims brings up the participant's claim details, ability to submit a claim, shows account funding, and lists reimbursements

Welcome test participant Wednesday, April 8, 2020

**DIVERSIFIED BENEFIT SERVICES, INC.** **ASAP**

Benefit Plan Type: HRA  01/01/2019 - 12/31/2019

**Balance** **Claims** Reports Forms Update Account Contact DBS Logout

**The Best Employer**  
HRA Participant Claims  
Participant: Sample Employee

[Participant Statement](#)

Claims View/Submit  Funding Reimbursements

**Plan Type:** Traditional In Network Deductible

**Patient:** All Family Members

Claim ID	Service Date	Description	Approved Amount	Employer	Employee Reimbursed
13934777	10/15/2019	Manual Data Entry - Deductible(Medical) - Patient: Sample	\$2,000.00	\$1,500.00	\$500.00
13015177	1/25/2019	Manual Data Entry - Deductible(Medical) - Patient: Spouse	\$2,950.00	\$2,000.00	\$950.00
<b>Grand Totals:</b>			<b>\$4,950.00</b>	<b>\$3,500.00</b>	<b>\$1,450.00</b>

Claims View/Submit  Funding Reimbursements

[View](#)

[Submit](#)

[History](#)

**Plan Type:** Moda(5) In/Out Network Deductible

**Patient:** All Family Members

# Selecting a Plan Type

Select the plan type you are submitting a claim for, then click "Next"

Plan Type:

- Moda(5) In/Out Network Coins/Copay Plan
- Moda(5) In/Out Network Deductible

Please select the category indicated on your medical EOB; however, the claims processor at DBS will make sure that expenses are allocated properly. It is not necessary to submit a claim twice that includes both deductible and copay/coinsurance expenses.

Member: JOHN Q. SMITH  
Claim #: 21643287157

Provider: NICOLE R CABELLERO DC  
Network: CONNEXUS

Paid 5/3/19

TYPE OF SERVICE - Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Not covered	Deductible	Copay	Coinsurance
THERAPY - 98941 04/26/2019	\$79.58	\$35.88	\$43.70	\$23.70	PDC	\$0.00	\$0.00	\$20.00	\$0.00
THERAPY - 98943 04/26/2019	\$53.82	\$25.30	\$28.52	\$28.52	PDC	\$0.00	\$0.00	\$0.00	\$0.00
THERAPY - 9714059 04/26/2019	\$282.78	\$203.20	\$79.58	\$79.58	PDC	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$416.18</b>	<b>\$264.38</b>	<b>\$151.80</b>	<b>\$131.80</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20.00</b>	<b>\$0.00</b>

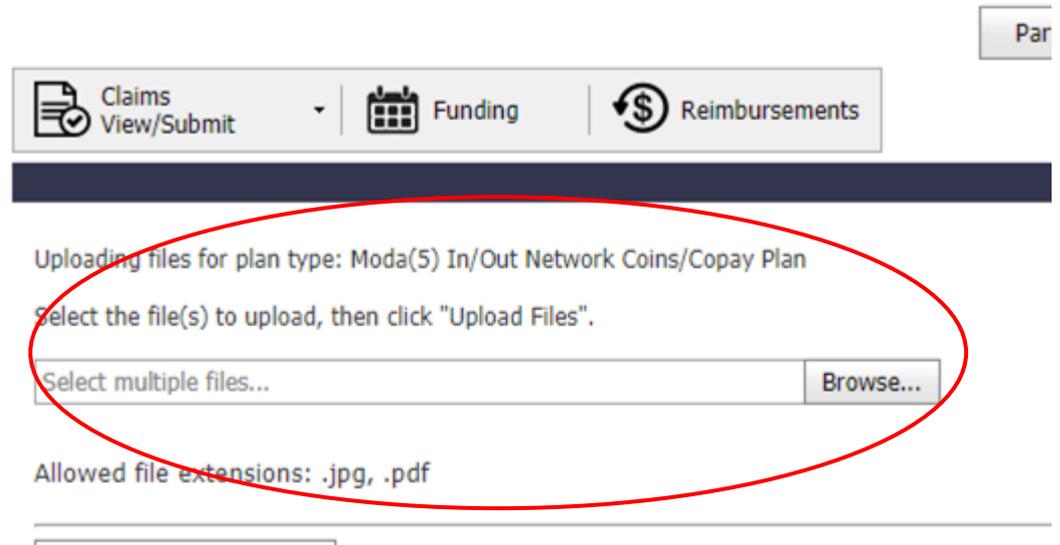
Medical plan paid to provider: **\$131.80**

Amount you owe: **\$20.00**

Reason code	Description
PDC	Provider discount has been applied.

# Upload your EOBs

- You can upload as many EOBs as you want (must be in .jpg or .pdf format)
- Make sure you upload all the EOBs for each member of your family.
- DBS will keep track of them and issue disbursements.



Par

Claims View/Submit | Funding | Reimbursements

Uploading files for plan type: Moda(5) In/Out Network Coins/Copay Plan

Select the file(s) to upload, then click "Upload Files".

Select multiple files...

Allowed file extensions: .jpg, .pdf



# Mobile App Tip: Take pictures first!

If you take a picture of your EOB before you log in to the App and select 'Use Existing Photo' you'll be able to select multiple EOBs or multiple pages of the same EOB to submit all at once, and make sure the image is clear before submitting!

### Why use the Claims Filing App?

- **Fast**  
There's no quicker way to get reimbursed for your Group HRA claims.
- **Convenient**  
Day or night, you have access from your mobile phone.
- **Safe**  
You have encrypted access, which is protected and Verisign secured.
- **Comprehensive**  
Submit and document your claim in one easy location.

[DBSbenefits.com](http://DBSbenefits.com)

Diversified Benefit Services, Inc.  
PO. Box 260  
Hartland, WI 53029  
(800) 234-1229



## Claims Filing App

File on the go. Use our Mobile Phone App.

Using your smartphone or tablet, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.<sup>®</sup> (Advanced Strategic Administration Program) is a safe and quick way to submit claim information and get reimbursed from your Group Health Reimbursement Arrangement (HRA).

**Step-by-step guide—it's easy, convenient and secure.**



### STEP 1

Login using your A.S.A.P.<sup>®</sup> name and password, click "File a Claim"

### STEP 2

Take a picture or use an existing photo, click "Attach Image"

### STEP 3

Select the Benefit Plan Type (Either Works!)

### STEP 4

Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store now!



For assistance, please call DBS at **(800) 234-1229** or visit [DBSbenefits.com](http://DBSbenefits.com)

**Reminder:**  
Create your login on the DBS website first, then you can use your login credentials for both the website and mobile app!

For Claims with  
Dates of Service  
October 1, 2023 -  
September 30, 2024  
Submit claims

*No later than mid-December 2024*



# Group HRA Virtual Office Hours

If you have questions about how your Group HRA works or how to file claims, please join OneDigital's virtual office hours



## Wednesdays

7:30 – 8:30 AM Pacific  
and  
3:30 – 4:30 PM Pacific

## First Thursday Evening of Every Month

7:30 – 8:30 PM Pacific

<https://onedigital.zoom.us/j/3923270383>

(Meeting ID: 392 327 0383)

We look forward to seeing you there!

Mae Hawkins

(971)346-8688

[mae.hawkins@onedigital.com](mailto:mae.hawkins@onedigital.com)

Phaedra Anderson

(986)836-4974

[phaedra.anderson@onedigital.com](mailto:phaedra.anderson@onedigital.com)