



FSA Healthcare card — Verifying card transactions

Learn why verification is necessary, how to verify transactions, and how to avoid unnecessary verification requests.



Written by Evan I.

See updates on the: [HealthEquity | Help Center](#)

Some healthcare card transactions are automatically approved, but others will require verification. Whether verification is necessary depends on where and how you use your healthcare card, *and* what you use it for.

Read on for tips for how to minimize the need for verification or click the links below to jump to the section you need:

1. [Why am I being asked to verify my card transactions?](#)
2. [What happens if I don't verify the transaction?](#)
3. [How do I verify a card transaction?](#)
4. [What documentation do I need?](#)
5. [What if I don't have a receipt?](#)
6. [Tips for using your healthcare card](#)

Why am I being asked to verify my card transactions?

Internal Revenue Service (IRS) rules dictate that all card transactions must be verified for eligible expenses. While some transactions can be automatically approved, many cannot. You should still be prepared to verify the expense(s) by submitting copies of receipts or supporting documentation when requested.

What happens if I don't verify the transaction?

You have 90 days from the transaction date to verify your transaction. After 90 days, your healthcare card could be suspended.

How do I verify a card transaction?

Upload an itemized receipt and accompanying documentation. Generally, claims will be processed in two to three business days. Once your claim has been processed, it will be visible in your account. Generally, it can take an additional two to three business days for your reimbursement to be issued.

If you are unsure of what documentation is needed, see the next section below. Once you have gathered your receipts and documentation, follow the steps below:

1. Log into your account.
2. Select **View Claims and Payments**.
3. Click on the transaction needing a receipt, or at the top, click the **Need Card Receipt** button.
4. Once you click on the transaction, you will have two options: **Submit Receipt** or **Submit Repayment**. "Submit Receipt" allows you to provide documentation to verify the purchase and have it approved. "Submit Repayment" allows you to clear the unverified/ineligible transaction(s) from your account; funds will be restored to your account equal to the amount indicated prior to the original transaction(s). **Note:** Be aware of plan dates and your ability to use repayment funds before they expire. For example, if you do not have a grace period on your account and make a repayment on a calendar year account on Dec. 28, you would only have 3 days to utilize those funds.
5. To Submit Receipt:
 1. Click **Reimburse Me**. Submit a copy of the itemized receipt or bill or an Explanation of Benefits. Remember that it must include: patient(s) name(s), provider(s) name(s), date(s) of service, type(s) of service(s) and cost.
 2. Check **View Claims and Payments** page and you should see "In Process" on the receipt a few minutes after your online submission. You will receive an email notification once it has been processed.
6. To Submit Repayment:
 1. Log into your account
 2. Select **View Claims and Payments**
 3. Click on the transaction needing a receipt, or at the top, click the **Need Card Receipt** button.
 4. Click on **Submit Repayment** (ensure pop-up blocker is removed before completing this step or your next page will not populate; if nothing happens, check that your pop-up blocker is turned off)
 5. Select items to repay, then enter payment information for an existing or new bank account or debit/credit card.

6. Review and click **Submit payment**, then click **Yes** on **Confirm repayment** screen. You will see a "Success!" box appear.
7. Click back to the card transaction and you will see the line item for where you repaid it back. This process usually takes one to two business days to process.

What documentation do I need?

Make sure that your receipts and documentation include the following five pieces of information:

- **Patient(s) Name(s):** The name(s) of the person(s) who received the service(s) or for whom the item(s) was/were purchased. For retail store purchases, this information may be excluded.
- **Provider(s) Name(s):** The provider(s) that delivered the service(s) or where the item(s) was/were purchased.
- **Date(s) of Service:** The date(s) on which services were provided or the item(s) was/were purchased.
- **Type(s) of Service:** A detailed description of the service(s) provided or item(s) purchased. A bag tag is sufficient for prescriptions.
- **Cost:** The total amount you paid or owe for the service(s) or product(s) and/or the portion that is not reimbursed through your insurance carrier.

What if I don't have a receipt?

If you don't have a receipt, you can submit a statement of services rendered from your insurance provider (e.g., an Explanation of Benefits [EOB]), as generally sufficient substantiation for your expense.

Tips for using your healthcare card*

We know it takes time to verify transactions. Here are some tips on how to use your healthcare card in the future.

- Use your card on the same day you purchase an eligible healthcare item or healthcare service.
 - When you use your card at the point of sale---meaning, for example, at the time of your doctor or dentist visit to make a copayment, or at the pharmacy to pay for a prescription—it's likely that your expenses will be automatically verified as eligible. Avoid using your card to pay bills for expenses incurred in the past. Automatic card use verification takes place on the day the card is used. When you use your card to pay for expenses incurred in the past, you likely will have to provide additional verification. If you receive a bill from your healthcare provider weeks or months after you receive an eligible item or service, choose the Pay My Provider payment option instead. You can have a payment sent directly to your doctor, dentist, or other provider from your account so you don't have to pay out-of-pocket.
- Some providers have an Inventory Information Approval System (IIAS) that can identify eligible expenses at the register. When you use your card at an IIAS merchant, your card transaction is automatically verified at checkout. You will not be asked to later submit a receipt to verify those eligible expenses. Before using your card, always visit the sigis.org site for a list of approved merchants that have an IIAS in place.

- Use your card at the pharmacy counter.
- Only use your Healthcare card* for expenses incurred within your current plan year.
- Your spouse and other dependents can use your card. Click [here](#) for more information on ordering additional cards.

**This card is issued by The Bancorp Bank; member FDIC pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.*

HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.