

Claims and Receipts

BEST PRACTICES TO AVOID RECEIPT REQUESTS WHEN SUBMITTING CLAIMS

So you have paid out-of-pocket for an eligible item or service rather than using your Beniversal® Prepaid Mastercard® and now you need to go through the steps to be reimbursed from your account. Whether you are submitting a claim through the BRIMOBILE app or by using the BRIWEB Participant Portal, the process is very simple and easy to follow.

HOW TO SUBMIT A CLAIM



STEP 1

Gather your itemized receipt, invoice, bill, or Explanation of Benefits (EOB).



STEP 2

Log in to submit your claim online through BRIWEB or the BRIMOBILE App.



STEP 3

Enter the information requested: Provider, Service, Date, Amount. Then submit.



STEP 4

It will take 5-7 business days to process and generate your reimbursement.

The claims you submit through BRIWEB and the BRIMOBILE app can be viewed by logging in. Simply select the Account and review the activity under the "Recent Claims" section.

THE PERFECT RECEIPT FOR HEALTHCARE EXPENSES

A standard credit card receipt doesn't typically provide the detail required to verify the expense. Your receipt should show the following if you want your claim accepted:

- WHO received care?
- WHERE was the service provided?
- WHAT service was provided?
- WHEN did the service take place?
- HOW much was the service/item?

A copy of your Explanation of Benefits (EOB) typically contains all of the required information. You can generally access this information from your health plan login site if a copy is not automatically mailed to you. Alternatively, you can request a detailed statement from your healthcare provider.

For prescription expenses, an itemized receipt is typically included with your drug information details. The itemized receipt will include the drug name.



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