



# Davevic Online Portal & Mobile App

DAVEVIC

# IMPORTANT BENEFITS ANNOUNCEMENT



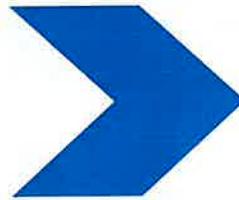
## Great News!

Your Employer has contracted with Davevic Benefit Consultants to offer a services platform that makes it easier for you to manage your account-based benefits. Below is information regarding your own consumer portal to upload a claim, check balances, and much more!

## The Consumer Portal and Davevic App make managing your benefits easy!

### An easy-to-use **Consumer Portal**:

- Secure, 24/7 access to your accounts
- Check your up-to-the minute plan balances
- View all plan, claims, and payment details
- File claims and submit receipts online
- View upcoming reimbursements
- Sign up for direct deposit.. and much more!



### The handy **Davevic App**:

- Access available account balances on your iPhone®, iPod Touch®, iPad®, or Android®-powered device
- Submit claims and receipts using your device's camera
- Receive account balances and selected alerts via text message on any mobile device
- Message center that will alert you when a debit card claim requires an invoice, receipt, or Explanation of Benefits (EOB).
- By clicking on the notification, you can take a picture of the documentation being requested.

### Verifying purchases made with the **Benny® Prepaid Benefits Card**:

- When you use your Benny Card, only certain services do not require receipt verification
- Doctors office and prescription drug copays are automatically confirmed
- **All other services will need proof of purchase (copy of receipt, invoice, or EOB) for your card to be used without issue**
- You can upload these receipt requests on the consumer portal



# EMPLOYEE & CONSUMER PORTAL GUIDE



Welcome to your Davevic Benefit Consultants Consumer Portal.  
This one-stop portal gives you 24/7 access to view information and manage your Flexible Spending Account (FSA) and Health Reimbursement Account (HRA).

Consumer Portal access enables you to:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

## LOGGING ON TO THE HOME PAGE:

1. Go to [www.davevic.com](http://www.davevic.com)
2. Under the login center, click FSA/HRA Claims Portal
3. Click Go.
4. Enter the below information as an Existing User:  
Login ID: **first initial, last name, last 4 digits SSN** (no spaces)  
Password: **davevic1**
5. Click **Login**

You will be prompted to change your password once you login.

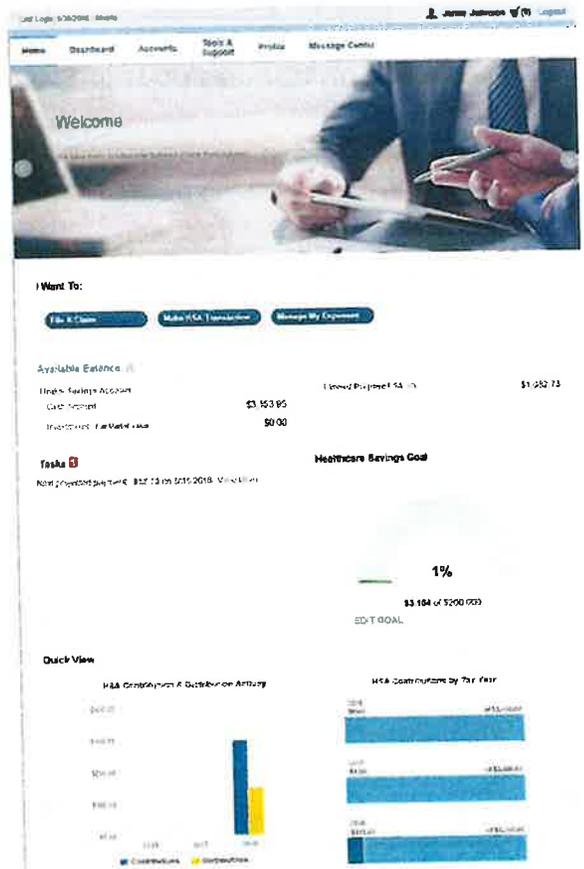
*Reminder: Your password is required to be changed every 90 days. You can change it by clicking "Forgot Password" on the login page.*

The **Home Page** is designed for easy navigation:

- Easily access the **"I Want To"** section which contains the most frequently used features.
- **Available Balance** links to the Account Summary page, where you can see and manage your accounts.
- The **Message Center** section displays alerts and relevant links that enable you to keep current on your accounts. You will also be able to view claim denials and emails sent from Davevic.
- The **Quick View** section graphically displays some of your key account information.

You can also hover over the tabs at the top of the page.

For more information please contact us toll-free 800-854-4099 or checkout our website: [www.davevic.com](http://www.davevic.com)



# HOW TO FILE CLAIMS ONLINE

## How to File Claims using the Consumer Portal:

1. To get to your consumer portal go to [www.davevic.com](http://www.davevic.com). At the top of the screen run your cursor over the "Login Center" and a menu will drop down. Click "Go" in the box that says FSA/HRA/HSA Participant. This will take you to your consumer portal login page.
2. Enter your username and password. (See login instructions on other side of page)
3. To file a claim, locate the "Reimburse Myself" button (right below "I want to..." on the left side of the screen).
4. This will take you to the next screen where you will select account paid from which will always be "Medical" and pay to will be "Me."
5. Next screen will have "Upload Valid Documentation", click on this link. Locate the picture(s) of your invoice, receipt or Explanation of Benefits (EOB). Once chosen, click "Next."
6. Complete the online claim form, and continue to click next when you are completed with each page. Important information to know: When uploading claims please upload each claim separately otherwise your claims could be mislabeled and can cause issues with processing. Once complete, you will receive a confirmation on the screen when your claim was successfully submitted.

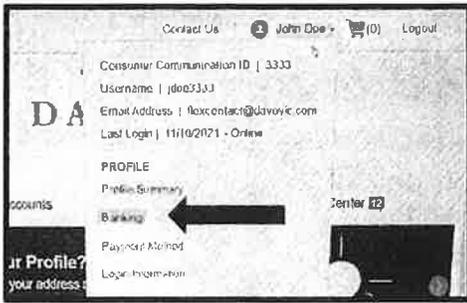
## How to File Claims using the Davevic Mobile App:

1. Log into your 1Cloud app using the passcode you selected.
2. After logging in, a screen will appear with all of your accounts listed along with a "Reimburse Myself" link and an "Expenses" link. Click on "Reimburse Myself" to upload a claim for payment.
3. The next screen that appears will be the online claim form that you will need to complete. Fill in all required fields (provider field and miles driven are not required fields).
4. On the same page, scroll down and you will find "Upload receipt" link. Click on that and it will ask you if you want to take a picture or download one from your library.
5. Choose or take a picture of the correct receipt or EOB for this claim.  
(Note: All pages of the EOB are needed)
6. Important information to know: When uploading claims please upload each claim separately otherwise your claims could be mislabeled and can cause issues with processing.
7. Once you have finished all the necessary steps, click on the "Add Claim" button on the top right side of your screen. Now your claim has been submitted to Davevic for review.



# Direct Deposit – How to Sign Up

1. Log into your Davevic Consumer Portal or Mobile App. (Call Davevic at **800-854-4099** for assistance)
2. Once logged in, click **your name** in the upper right-hand corner, and a drop down should appear.  
*\*If using the mobile app, your profile shortcut is located at the bottom of your screen.*
3. Click **“Banking”**
4. Next, click **“Add Bank Account”**
5. Enter Bank Account Information (see left picture) and click submit at the bottom right.



**Banking / Add Bank Account**

**Bank Account Information**

Routing Number \* 99

Account Number \*

Current Account Number \*

Account Type \* Checking

Account Nickname \*

**Bank Institution Information**

Payroll Name \*

Bank Address \* Address Line 1  
City  
Select a state \* Zip Code

6. Finally, this pop-up will appear asking if you would like to change your payment method to direct deposit. Click the box (highlighted below) next to the plan years and click submit. You will then receive confirmation that your bank account and direct deposit information was successfully imported.

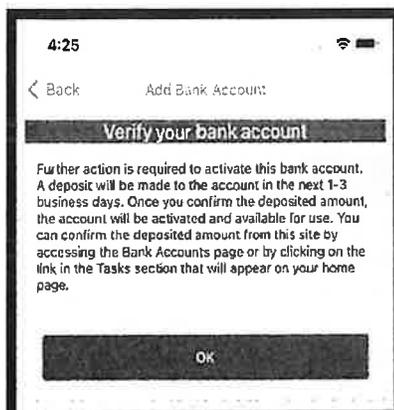
**Update Payment Method to Direct Deposit**

Select the plan year/s below that you would like to update your payment method to Direct Deposit.

PLAN YEAR	CURRENT PAYMENT METHOD	UPDATE PAYMENT METHOD TO
<input checked="" type="checkbox"/> PY 2021-01-01 - 2021-12-31 HRA	Check	Direct Deposit

Cancel Submit

7. Tap **OK** on the **Verify your bank account** message, initiating the micro-deposit process.
8. To confirm the micro-deposit, tap the link in the Task section of the Home page, type the amount, and tap **Submit**.

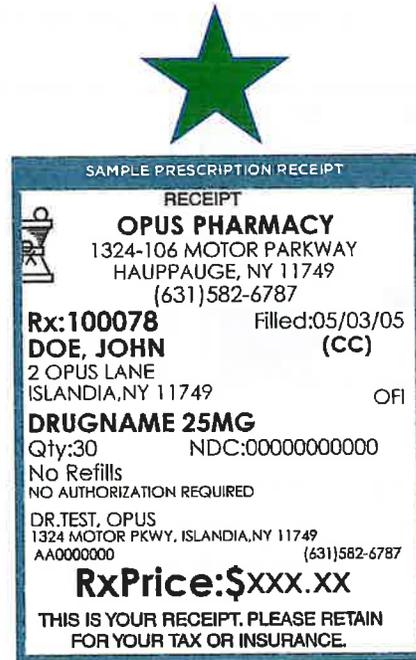


# Documentation Recommendations

## Prescription Drug Receipts

**Detailed Prescription Invoice is required** – A detailed prescription invoice is recommended in order for the claim to be properly adjudicated.

The receipt on the right is an example of a recommended receipt. This is typically stapled to your prescription bag or nearby.



## Copays and Other Services Receipt

**EOB or Detailed Copay Receipt is recommended** – Below are examples of adequate documentation to submit for reimbursement.

### Recent Claim Details

This is a payment breakdown of a processed claim from 02/05/21 - 03/05/21  
Joseph Weller | Member ID: 12345678-01

Account Number:

Medical | Claim Number: 012943021432534 | Service Date: 03/01/21

<b>Office Visit</b>	Amount Charged	\$50.00
Description of service	Discount for Members	\$30.00
Provider: Provider Name	UPMC Health Plan Paid	\$15.00
Office Number: 412-555-1234	Copayment	\$5.00
	<b>You owe or may have paid</b>	<b>\$5.00</b>

Payment Receipt

Center Physiotherapy PLLC  
2720 Best Cases Rd Ste 111  
Aurora, IL 75048  
Location of Services: Outpatient Clinic (stand alone) code = 11  
EN 27-11  
PL 0128

Patient: \_\_\_\_\_  
CIC9 Code: \_\_\_\_\_

Code	Description	Udi/Code	Charge
	Manual Therapy x 3 (\$30/unit)	97140 00.00	
	Therapeutic Exercise (30/Unit)	97110 30.00	
Total Charges			\$120.00
Provider Discount			\$
Total Payments			\$
Account Balance			\$

Provider: Jairo Carter PT, DPT  
License# TX 116  
NPI# 144

Provider Signature: *Jairo Carter* PT, DPT

This patient has paid in full for the service provided and Center Physiotherapy is NOT an insurance provider for his care PLEASE PROVIDE ANY PAYMENT DIRECTLY TO THE PATIENT

# Flexible Benefit Plan Reimbursement Claim Form

Employer: .....

Employee: .....

Phone: .....

Social Security #: XXX-XX-.....

E-mail: .....

## Dependent Care Expense Claims

Name of Dependents	<u>Period Covered</u>		Name, Address, and Taxpayer Identification Number of Service Provider	Amount Incurred
	From	To		
<input type="checkbox"/> Attach a receipt from your daycare provider, or include the daycare provider's signature			<b>Provider's Signature:</b>	
			<b>Total Dependent Care Expense Claim*</b>	\$

\*NOTE: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the Plan Year or the earned income of your spouse. (If your spouse is either a full-time student or is incapable of taking care of himself or herself, then he or she is deemed to have monthly earnings of \$200 if there is one (1) child or dependent, or \$400 if there are two (2) or more.) No payment may be made under the Plan; if the service provider is your dependent for federal income tax purposes; or is your child or stepchild and is under age 19.

## Unreimbursed Medical Expense Claims

Date Expense Incurred (mm/dd/yy)	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
<input type="checkbox"/> Attach appropriate receipt(s) and submit with this claim form			<b>Total Medical Care Expense Claim</b>	\$

**Read Carefully:** The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Cafeteria Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*Note: Form must be signed in order to process the claim.**

# Claim Filing Procedures...

## How To File A Claim

- Complete **all** information on the claim form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than one plan year. Use different claim forms for different years.
- You must sign and date the claim form.
- Attach a copy of a bill, invoice or other written statement from a third party which supports each reimbursement request and shows the date the service was incurred.
- Statements showing only a balance forward and copies of cancelled checks or credit card receipts are **not** valid receipts.

## Claim Form

If you **mail** your claim with receipts, remember to keep a copy of the claim form and supporting documents for your records.

If you **fax** your claim with receipts, please remember to keep the original claim form and supporting documents for your records.

## Where To Send A Claim

Mailing Address: Davevic Benefit Consultants, Inc.  
902 South Center Street  
P. O. Box 976  
Grove City, PA 16127

Fax: 724-458-4464

E-mail Attachment: flexcontact@davevic.com

Phone: 724-458-7255 or toll free 800-854-4099

Online Account Access: [www.davevic.com](http://www.davevic.com)