PLANSOURCE®

How to Access Your Reimbursement Account Online

To view your account balance, report a lost or stolen card as well as request reimbursement, first you must access your account using the PlanSource System. *Please note, to best use this system, you may need to disable any pop-up blockers.*

Using your web browser, navigate to https://plansource.wealthcareportal.com/Page/Home

First time users must **"Register."**

- **Username –** create your own username.

- **Password –** create your own password.

- **Employee ID –** first letter of your first name, up to the first six letters of your last name and the last four digits of your SSN. For example, if your name is Jane Williams and the last four of your SSN is 1234, you would enter jwillia1234 as the Employee ID. *If the standard ID format does not work, please contact PlanSource.*

- **Registration ID** – Select Employer ID and enter **Employer ID** (all capital letters)

- Follow the remaining steps to register.

Returning Users: Click "Log In", enter your created Username and Password. If you have forgotten your Username or Password, please contact PlanSource.

After you have successfully created an account, you will have the ability to submit claims, check your balance, update your personal information, and view past claims. You may need your Employee ID again to reset your password.

How to Submit a Claim Online

To submit a claim online, first you must access your account using the PlanSource system as instructed above.

1. Under the main menu, expand "Claims", select "Submit Claim", click "Submit a Claim".
2. Enter the Date of Service (this is the date you went to the doctor, bought the prescription, or the date range for dependent care)
3. Enter the dollar amount of the service or item.
4. Select claimant, either yourself or your dependent. If your dependent isn't listed, you may add them under your profile. You may also select the employee's name for all claims.
5. Enter the provider's name.
6. Select the Account Type using the drop-down arrow to designate the appropriate plan type (FSA Healthcare, FSA Dependent Care, etc.)
7. Receipts must be attached to each claim.
8. Use the notes section for any comments.
9. Click "Ok" if complete. If you have additional claims to enter, select the "Submit a Claim" option. Once finished entering all claims, click on the "Certification Box" and click the "Submit" button.
10. Please keep all receipts and original documentation as required by the IRS.

Questions? 888-266-1732, Option 2 | Monday – Friday, 8 AM – 8 PM EST