How to Submit an Online Reimbursement Request

Wellness Wallet and Eyewear

Note: You must have a Generations Advantage Member Portal account to submit online reimbursement requests. If you don't yet have a Member Portal account, follow Step 1 below to be brought to a page to register for an account.

1
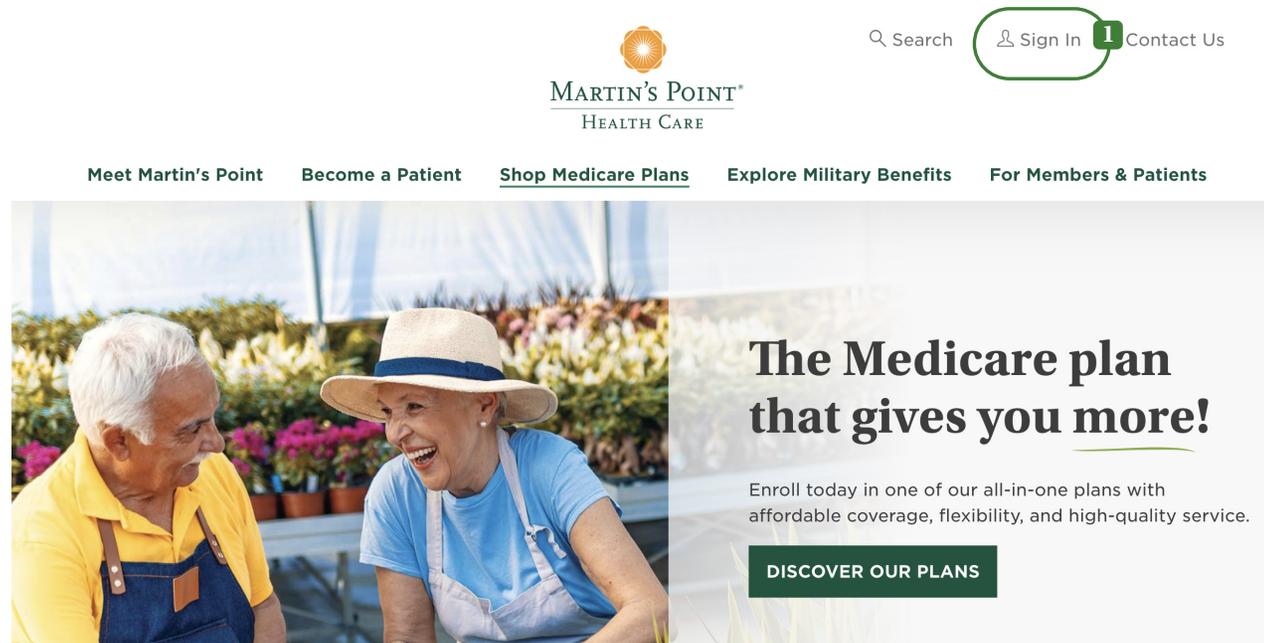
Sign into your Member Portal account by clicking on **"Sign in"** in the upper right-hand corner of any page on the MartinsPoint.org website.

![Martin's Point Health Care logo]

Health Care Center Patients

To access your online patient portal, MyMartinsPoint®, click on the button below.

MyMartinsPoint®

Generations Advantage, US Family Health Plan Members, Network Providers, or Secure Email Users

Username

JohnSmith22

2

Password

••••••••••••••••

SIGN IN   Forgot your Username?   Forgot your Password?

Health Plan Members

MEMBER REGISTRATION   **2**

Trouble logging in?
Please call Member Services:

Generations Advantage
1-866-544-7504 (TTY: 711)

US Family Health Plan
1-888-674-8734 (TTY: 711)

Network Providers

Are you a provider and want to become a local administrator? Providers can register here:

PROVIDER REGISTRATION

Non-local admin users, please contact your local administrator for Provider Portal access or call 1-888-732-7364 for assistance identifying your local administrator.

2

A sign-in window will appear. **Enter your Member Portal Username and Password**.

If you don't have a Member Portal account yet, click **MEMBER REGISTRATION** to sign up first.

Meet Martin's Point   Become a Patient   Shop Medicare Plans   Explore Military Benefits   **For Members & Patients**

CREATE OR SIGN INTO YOUR MEMBER PORTAL ACCOUNT

Find tools and information to help you manage your plan and your health. After creating your Member Portal Account you can explore the resource links below.

Request ID Card

Pay Premium

Change PCP

View Drug Claims

View Authorizations

View Medical Claims

Online Wellness Wallet Reimbursement 3

Online Eyewear Reimbursement 3

You are now leaving the Martin's Point website.

CONTINUE 4

3

Once logged in, you will be redirected to the **Generations Advantage Members** page. Scroll down and click on **Online Wellness Wallet Reimbursement** or **Online Eyewear Reimbursement**.

4

An orange "alert" window will appear notifying you that you are leaving the Martin's Point website. Click **CONTINUE.**

Contact Us | JOHN SMITH ▾ 🛒(0) | Logout

MARTIN'S POINT HEALTH CARE

| Home | Accounts | Tools & Support | Message Center |

I Want To:

5

Reimburse Myself

| Home | Accounts | Tools & Support | Message Center |

Accounts / Reimburse Myself

Available Balance

Eyewear-Prime-006-00... ⓘ   Wellness Wallet-Prim... ⓘ
$150.00   **$650.00**

Create Reimbursement   * Required

Online claim filing is a fast and easy way to file claims. Just click the "Reimburse Myself" or "Send Payment" button to start filing!

Pay From *   [Medical   ▾]

Pay To * ⓘ   [Me   ▾]   **6**

Based on your selection, you will be requesting a Claim Reimbursement.

[Cancel]   [**Next**]

5

Scroll down to I Want To: and then click the **Reimburse Myself** button. (This is on the portal home page.)

6

Under Create Reimbursement, in the Pay From drop-down, **select Medical.*** In the Pay To drop-down, select **Me,** then hit the **Next** button to continue.

*NOTE: In this section, you will always select "Medical." The information on your uploaded receipt will determine whether you will be reimbursed from your Wellness Wallet balance or your Eyewear balance.

MARTIN'S POINT
HEALTH CARE

Home	**Accounts**	Tools & Support	Message Center

Accounts / Reimburse Myself

Available Balance

Eyewear-Prime-006-00... ⓘ   Wellness Wallet-Prim... ⓘ
$150.00   **$650.00**

Receipt / Documentation   * Required

Receipt(s) * ⓘ   Upload Valid Documentation **7**

Summary

Under **Receipt/Documentation,** click the **Upload Valid Documentation** link (in blue).

Reimburse Myself

Upload Receipt(s) ✕

Upload options ───**8**

Browse for a file on your computer.

Receipts must be in a JPG, JPEG, GIF, PNG or PDF
format and cannot exceed 8 MB. The maximum number
of uploaded receipts is 4.

Cancel | Submit

Medical

Reimburse Myself

Upload Receipt(s) ✕

SnowShoeReceipt.JPG   Remove

Upload options

Browse for a file on your computer.

Receipts must be in a JPG, JPEG, GIF, PNG or PDF
format and cannot exceed 8 MB. The maximum number
of uploaded receipts is 4.

Cancel | Submit   **9**

Medical

Receipt / Docume   * Required

Receipt(s) * ⓘ   Upload Valid Documentation

     SnowShoeReceipt.JPG   Remove Receipt

     View Receipt(s)

Summary

Pay From   Medical

Pay To   Me

Cancel   Previous | Next   **9**

8

When the **Upload Receipt(s)**
dialog box pops up, click the
Browse for a File link (in blue) to
upload your receipt. (You should
have your receipt ready on your
computer as a PDF or image file.
To do this, you may need to scan
a paper receipt, take a photo of
it, or take a screenshot of your
order confirmation email and
upload that to a location on your
device.)

9

Browse to find your uploaded
receipt file and click on it. Then,
hit the **Submit** button to upload
it, which will close the dialog box.
Click **Next**.

Accounts / Reimburse Myself

Available Balance

Eyewear-Prime-006-00... ⓘ   Wellness Wallet-Prim... ⓘ
$150.00   **$650.00**

Claim Details   * Required

Start Date of Service *	5/22/2024 📅
End Date of Service	5/22/2024 📅
Amount *	$ 100
Provider *	Snow Gear LLC
Category * ⓘ	OTHER Description of Item or Service ▼
Type *	Approved Item/Service Not Listed Above ▼
Description	Snow Shoes

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *   ● JOHN SMITH

Note: "Provider" refers to the entity where you purchased your service or item.

Summary

Pay From	Medical
Pay To	Me
Documentation Uploaded	Yes

Cancel   Previous   **Next**

Accounts / Transaction Summary

Available Balance ⓘ   ** Balance reflects claims not yet submitted

Eyewear-Prime-006-00... ⓘ   Wellness Wallet-Prim... ⓘ
$150.00   **$550.00 ***

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ⓘ		
Wellness Wallet-Prime-006-001	Me	Approved Item/Service Not Listed Above	$100.00	$100.00	Remove	Update
Total Amount			**$100.00**	**$100.00**		

Claims Terms and Conditions   ✔ Agreed ⌃

☑ I have read, understand, and agree to the Terms and Conditions.

11

[Cancel]   [Save for Later]   [Add Another]   [Submit]   **11**

11

Your reimbursement request should now appear under the **Transaction Summary.** Under **Claims Terms and Conditions,** click the **checkbox to agree** and hit the **Submit** button.

Then you will see a confirmation that your reimbursement request has been submitted, and a link (in blue) to print it if you wish. If you return to your home page, your reimbursement will now appear under **Recent Transactions.**