

Bill Pay

Quick way to generate payment for any type of qualified expense, including dental and vision

Independence 

My Benefits

Member ID:  10



Medical
Personal Choice Flex



Pharmacy
Personal Choice Flex

Spending Account Balances

Health Savings Account
Oct 01, 2018 **\$1098.40**



[Print](#) | [Send](#) | [Order New](#) | [View All](#)

Browse Claims & Spending

- [My Claims Overview](#)
- [Spending Accounts](#)
- [Other Insurance/Medicare Eligibility](#)

I want to...

- [View/Print Tax Year Report](#)
- [Request a Reimbursement](#)
- [Manage Past Accounts](#)




Claims & Spending



Deductible
Family / In-Network
Total Amount \$6,000.00
Amount Spent \$418.12
Remaining \$5,581.88



Out Of Pocket
Individual / In-Network
Total Amount \$6,000.00
Amount Spent \$418.12
Remaining \$5,581.88

	Laboratory Corporation Of Ameri		Nov, 2018	Approved	My Cost \$145.58
	St Josephs Healthcare Inc		Nov, 2018	Approved	My Cost \$69.11

[View all claims](#)

Tip: There are many ways to get to Bill Pay, but this one gets you there fastest

Bill Pay

[My Bank Account](#)  [Bill Pay](#) 



Your Payments list is empty

Indepe

Spending

Manage Ph

Bill Pay

Withdrawal Account *

Your Payment Request

Pay Someone Else Pay Me

How would you like the funds to be sent to you?

Deposit to my account on file Send me a check

Amount *

Payment Preferences

Once Weekly Monthly

Send out Payments on *

Description

I certify I am the HSA account holder and I am seeking reimbursement for the amount I have specified in this distribution request. I certify this distribution is only for expenses incurred for myself, my spouse, and/or my legal dependent(s), after my HSA account was established, and is in accordance with the terms and conditions of the HSA account. PNC Bank, its agents or its employees, will not be liable for any distribution request that I have submitted for ineligible expenses. The expenses, for which I am claiming reimbursement, have not previously been, nor will they be, reimbursed under any other benefit plan, and will not be claimed as an income tax deduction. I understand that the custodian and/or its designee cannot provide tax, accounting or legal advice. I also understand that I am responsible for any consequences resulting from this distribution, including any applicable income tax and/or related penalties.

I have read, understand, and agree to the information and terms above.

log out

Bill Pay

Add Payment



You may transfer funds from your HSA to your personal bank account or you can make a payment to someone else such as your provider. You may not initiate transfers for amounts greater than the balance in your HSA Deposit Account.



To withdraw funds and transfer directly to your personal bank account, select "Pay Me" below. You must have a Direct Deposit Personal Bank Account set up on the Withdrawal Bank Account page. To withdraw funds and make a payment to your provider, select "Pay Someone Else"

IMPORTANT: Payment requests are debited from your Health Savings Account on the requested withdrawal date. If a payment is being made to a provider, then the payment will be mailed and will arrive within 7-10 business days.



Withdrawal Account *

Health Savings Account



Your Payment Request

Pay Someone Else

Pay Me



How would you like the funds to be sent to you?

Deposit to my account on file

Send me a check



Deposit to



Edit Deposit Account



Bank Name



Account Number



Routing Number



Amount *

\$



Payment Preferences

Once

Weekly


Monthly





Send out Payments on *


Tip: Direct deposit gets reimbursements to you faster than check


HSA Bill Pay Deposit Account


 Bank Name *

 Account *

 Re-enter Account *

 Account Routing *

 Re-enter Routing *

 Bank Account Type

By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my accounts. I understand that I can change this directive at any time.

Check example

Name _____ Date _____
Address _____
Pay to the order of: _____
Your bank
: 2332 231: 234511 23456789123
Routing Number Check # Account Number



Please note: The order of Routing, Account and Check numbers will vary from financial institution to financial institutions and will not necessarily be in the same order as shown above.