

Online Claims Submissions – No Claim Forms Required!

Steps to submit a claim on the Div125.com website

1. First scan your receipts or supporting documentation for your claims, and save them on your computer (you will need these for step 6 below)
2. Log into your account on www.Div125.com
 - a. If you have not set up a Username and Password on the website, contact our offices to obtain your Employer Code and 1st time Login Steps .
954-983-9970 or Claims@div125.com
3. Click on the Online Claims Entry icon on the right hand side of the page
4. Click the button that says “Start New Claim Form”
5. Next, select the type of claim you would like to submit (your options will be in [blue hypertext](#).)
6. Click the Browse button to upload the receipt(s) for your expense.
7. Navigate to where you saved your receipts in step 1, and Double click the file, and click the OK button to confirm.
8. Select if you paid for the expense with “Personal Funds” or if you used your MySource Debit Card.
9. Enter the Service Start Date, Service End Date, Amount, and Service/Expense. You can complete all fields if you would like.
10. Once completed, Click the button to “Save This Claim”.
11. If you are done, you can click the button to “Submit the Claim Form Online”
12. If you have more expenses to submit, simply click the [blue hypertext](#) to [Enter a Claim](#)
13. Complete the above steps until all your expenses are entered and
14. Once you are done, you can click the button to “Submit the Claim Form Online”

CRITICAL – If you do not click the button to “Submit the Claim Form Online” your claim is NOT submitted and you will NOT receive any reimbursement.

1. First scan your receipts or supporting documentation for your claims, and save them on your computer (you will need these for step 6 below)
2. Log into your account on www.Div125.com
 - a. If you have not set up a Username and Password on the website, contact our offices to obtain your Employer Code and 1st time Login Steps .
954-983-9970 or Claims@div125.com
3. Click on the Online Claims Entry icon on the right hand side of the page

Benefits | **Contacts** | **COBRA/Retiree** | **Diversified Administration, Inc.**

[Change Personal Information](#) | [Change Role](#) | [Change Password](#) | [Logout](#)

You are logged in as **Hermes Garcia**, Employee for Diversified Administration, Inc. (92782013)

Benefit Services

- ▶ Home
- ▶ Reimbursement Accounts
- ▶ Calculators
- ▶ Enrollment
- ▶ Documents
- ▶ Fulfillment
- ▶ Forms
- ▶ Health Services
- ▶ Life Events
- ▶ Q & A
- ▶ Personal Information Changes
- ▶ Manage Subscriptions
- ▶ myShoppingAssistant
- ▶ Online Claims Entry

Back to TPA site

Hello

[Click here to read your notes](#)

YOUR Online Resource Service Center!

Here you can ...





- [Download a claim form](#)
- [Watch Videos](#) to learn how your Benefit Plans work!
- See your Account History and Current Balances.
- Find out if/when claims have paid out.
- And Much More...

Just click on the section on your left, and we will take you there!

To find out: Who to contact for your benefit plans?
Click on the Contacts Tab above.
Here you can find out ...

- Name
- Address
- Phone Number
- Fax Number
- E-mail Address

Benefit Services

- 
View Your New Documents
- 
mySourceCard
- 
Online Claims Entry
- 
Documents
- [More...](#)

4. Click the button that says "Start New Claim Form"

The screenshot shows the website interface for Diversified Administration, Inc. The top navigation bar includes 'Benefits', 'Contacts', and 'COBRA/Retiree'. A secondary bar contains 'Change Personal Information', 'Change Role', 'Change Password', and 'Logout'. The user is logged in as 'Hermes Garcia'. The main content area is titled 'Online Claims Entry' and features a '1 Start Your Claims Form' instruction box. Below this, a 'Start New Claim Form' button is highlighted with a red circle and a yellow arrow. A 'Previous Claims Entered:' section includes a 'View:' dropdown menu set to 'Last 30 Days'. A sidebar on the left lists various navigation options, and an 'Online Claims HELP' icon is visible in the top right.

5. Next, select the type of claim you would like to submit (your options may differ from the screen below, depending on what coverage you have- they will be in [blue hypertext.](#))

The screenshot shows the 'Claim Form ID' page on the website. The top navigation and user information are consistent with the previous screenshot. The main content area is titled 'Claim Form ID' and features a '2 Select Your Benefits Resource' instruction box. Below this, there are input fields for 'Date Created:', 'Date Printed:', and 'Date Received:'. A dropdown menu is open, showing options: 'Add an Expense', 'Enter an FSA Medical Claim', and 'Enter a Dependent Care Claim'. The 'Add an Expense' option is circled in red and pointed to by a yellow arrow. Below the dropdown, there is a 'Claim Expenses:' section with a table header: 'Date Entered', 'Type', 'Receipt/EOB Number', 'Claimant', 'Relationship', 'Begin Service Date', 'End Service Date', 'Amount', 'Service', and 'Provider'. A sidebar on the left lists navigation options, and a 'Back to TPA site' link is at the bottom left.

6. Click the Browse button to upload the receipt(s) for your expense.
7. Navigate to where you saved your receipts in step 1, and Double click the file, and click the OK button to confirm.
8. Select if you paid for the expense with "Personal Funds" or if you used your MySource Debit Card.
9. Enter the Service Start Date, Service End Date, Amount, and Service/Expense. You can complete all fields if you would like.
10. Once completed, Click the button to "Save This Claim".

Benefits
Contacts

COBRA/Retiree

Diversified Administration, Inc.
Tax Saving For Employers & Employees

- ▶ Home
- ▶ Reimbursement Accounts
- ▶ Calculators
- ▶ Enrollment
- ▶ Documents
- ▶ Fulfillment
- ▶ Forms
- ▶ Health Services
- ▶ Life Events
- ▶ Q & A
- ▶ Personal Information Changes
- ▶ Manage Subscriptions
- ▶ myShoppingAssistant
- ▶ Online Claims Entry

Back to TPA site

Enter a Claim

3 Enter All Required Fields

Enter all required fields, which are indicated in red with an *

How do you want to submit this claim? [Have questions?](#)

Submit Online

Fax

Uploaded Receipts (other claims) [Have questions?](#)

Uploaded Receipts (this claim)

Upload Receipt:*

Max Size: 100MB. Supported formats: pdf, mp, gif, jpg, or png

Claim

Purchased With Personal Funds Purchased With mySourceCard

Receipt/EOB Number: [Have Questions?](#)

Claimant: [Have Questions?](#)

Date of Birth: [Have Questions?](#)

Relationship: [Have Questions?](#)

Service Dates:* - [Have Questions?](#)

Amount:* [Have Questions?](#)

Service/Expense:* [Have Questions?](#)

Provider Name: [Have Questions?](#)

Provider Tax ID: [Have Questions?](#)


Note: [Have Questions?](#)

*Required

11. If you are done, you can click the button to “Submit the Claim Form Online”
12. If you have more expenses to submit, simply click the [blue hypertext](#) to [Enter a Claim](#)
13. Complete the above steps until all your expenses are entered and
14. Once you are done, you can click the button to “Submit the Claim Form Online”

CRITICAL – If you do not click the button to “Submit the Claim Form Online” your claim is NOT submitted and you will NOT receive any reimbursement.

Benefits
Contacts
COBRA/Retiree



Diversified Administration, Inc.
The Leading for Employers & Employees

- ▶ Home
- ▶ Reimbursement Accounts
- ▶ Calculators
- ▶ Enrollment
- ▶ Documents
- ▶ Fulfillment
- ▶ Forms
- ▶ Health Services
- ▶ Life Events
- ▶ Q & A
- ▶ Personal Information Changes
- ▶ Manage Subscriptions
- ▶ myShoppingAssistant
- ▶ Online Claims Entry

[Back to TPA site](#)

Claim Form ID 0211111

4 Are You Finished?
Please Continue to add and/or edit claim expenses until claim is complete. Once finished you can save your claim form to edit later OR you can submit the form online.

Participant: Hermes Garcia Date Created: 8/5/2016
 Date Printed: _____
 Date Received: _____

[Add an Expense](#)

[Enter an FSA Medical Claim](#)

[Enter a Dependent Care Claim](#)

Claim Expenses:

Date Entered	Type	Receipt/EOB Number	Claimant	Relationship	Begin Service Date	End Service Date	Amount	Service	Provider	
8/5/2016	Medical		Your Name Here	Self	8/2/2016	8/3/2016	\$11.11	Medical Equipment		EDIT DELETE

Claims: 1 Total: **\$11.11**

Save the Claim Form Submit the Claim Form Online