### AVIBEN CONSUMER PORTAL GUIDE



Welcome to your Aviben Benefit Accounts Consumer Portal. This one-stop portal gives you 24/7 access to view information and manage your Flexible Spending Account (FSA), Health Reimbursement Account (HRA), and Health Savings Account (HSA). It 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.

The portal is designed to be easy to use and convenient. You have your choice of two ways to navigate this site:

- 1. Work from sections within the Home Page, or
- 2. Hover over or click on the four tabs at the top.

If you need additional assistance, please reach out to our Service Team by phone or email Mon - Fri 7am – 6pm CST. Phone: 763-552-6053

Email: claimsupport@aviben.com

Aviben™ Benefits Administrator is a division of Educators Benefits Consultants, LLC, 1995 E. Rum River Dr. South, Cambridge, MN 55008





#### HOW DO I LOG IN TO THE CONSUMER PORTAL CLAIMS SYSTEM?

- 1. Navigate to the home page of the Consumer Portal.
- 2. If the link above does not work, please copy paste the following address in your browser https://aviben.lh1ondemand.com/Login.aspx?ReturnUrl=%2f
- 3. Enter your login ID and password.
- 4. Click Login.

#### FIRST-TIME USER DEFAULT USERNAME AND PASSWORD

#### Username:

First letter of your first name Last name Last 4 digits of your SSN **All lowercase, no spaces** 

Password: Last 5 digits of your SSN

**Example:** Martha Stewart Username: mstewart1234 Password: 12345

Difficulty logging in? Please contact our Service Team for assistance.





The Consumer Portal Home Page is easy to navigate:

- Easily access the **Available Balance** and **"I Want To"** sections to work with your accounts right away.
- The I Want To...section contains the most frequently used features for the Consumer Portal.
- The **Accounts** section links to your Accounts, Investments, and Profile.
- The **Tasks** section displays alerts and relevant links that enable you to keep current on your accounts.
- The Healthcare Savings Goal section graphically displays your HSA savings goals progress (HSA accounts only).
- The **Recent Transaction** section displays the last three transactions on your account(s).
- 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.







#### HOW DO I GET ASSISTANCE WITH MY CLAIM?

- From any page, you can open the Let's Chat window from the bottom right icon to connect with "Uma" in a secure automated chat.
- 2. Asking about claim denial or claims needing receipt will prompt the chat window to help you review your claims and find where you can attach receipts.

#### NEED TO SPEAK WITH AVIBEN CUSTOMER SERVICE?

- 1. Give us a call at 763-552-6053.
- 2. Email claimsupport@aviben.com

Our Support Team is available Mon - Fri 7am – 6pm CST and is located in Cambridge, MN.

Aviben's Customer Service Support Team is available to assist with log-in issues, password resets, claims-related questions, website navigation and other general customer service-related needs.





#### HOW DO I FILE A CLAIM AND UPLOAD A RECEIPT?

- 3. On the **Home Page**, you may simply select "**File a Claim**" under the "I want to..." section, <u>OR</u> from any page on the portal, expand the **Accounts** tab on the top of the screen.
- 4. The claim filing wizard will walk you through the request including entry of information, payee details and uploading a receipt.
- 5. For submitting more than one claim, click Add Another, from the Transaction Summary page.
- When all claims are entered in the Transaction Summary, agree to the terms and conditions and click Submit to send the claims for processing.
- 7. The **Claim Confirmation** page will display. You may print the **Claim Confirmation Form** as a record of your submission. If you did not upload a receipt, you can upload the receipt from this screen or print a **Claim Confirmation Form** to submit to the administrator with the required receipts.

NOTE: If you see a **Receipts Needed** link in the **Tasks** section of your **Home Page**, click on it. You will be taken to the **Claims** page where you can see the claims that require documentation. You can easily upload the receipts from this page or use one of your **Mobile Quick Receipts**.







# HOW DO I VIEW CURRENT ACCOUNT BALANCES AND ACTIVITY?

- 1. For current Account Balance only, on the **Home Page**, see the **Accounts** section.
- For all Account Activity, click on the Accounts tab from the Home Page to bring you to the Account Summary page. Then you may select the underlined dollar amounts for more detail. For example, click on the amount under "Eligible Amount" to view enrollment details.

NOTE: You can see election details by clicking to expand the line item for each account.

Accounts			
HEALTH SAVINGS ACCOUNT		01/01/2018 - 12/31/2018	
	AVAILABLE		AVAILABLE
Cash Account	\$2,012.50	Limited Health Care Flex 🤨	\$2,445.95
Advance	\$0.00	Dependent Care Flexible ()	\$1,918.30
Investment Account	\$795.00	Parking Reimbursement 1	\$1,280.00
Available to spend Includes Advance	\$2,807.50		

			Conta	ict Us	Uma Ball	ard ~ 🕎 (0	)) Logou
Home	Accou	ints	Tools &	Support	Mess	age Center	2
counts / A	ccount Sur	nmary					
he information disp	played on the Accoun	t Summary pa	ige will vary dep	pending upor	n your specific	c healthcare	benefits.
lew more							
ealth Savings A	Account 😑						
TOTAL AVAILAB	LE BALANCE \$	5,153.00					
	ALANCE						
AVAILADLE CASH E	JALANGE	INVESTMEN	IT BALANCE				
\$4,050.00	SALANCE	\$1,103.00	IT BALANCE * Current as of 3/13/20	319			
\$4,050.00 1/01/2019 - 12/3	1/2019	\$1,103.00	IT BALANCE * Current as of 3/13/20	ESTIMA	TED PER PAY P	ERIOD DEDUCT	NON: \$1,161.6
ACCOUNT	1/2019	ELIGIBLE AMOUNT	IT BALANCE * Current as of 3/13/20 SUBMITTED CLAIMS	DIO ESTIMA PAID	TED PER PAY P	ERIOD DEDUCT	NON: \$1,161.60
ACCOUNT Limited Health Ci	1/2019 are Flexible Spend	ELIGIBLE \$2,700.00	Content as of 3/13/20     SUBMITTED     CLAMS     \$26.50	ESTIMA PAID \$0.00	TED PER PAY P PENDING \$16.50	ERIOD DEDUCT DENIED \$10.00	NON: \$1,161.60 AVAILABLE BALANCE \$2,683.50
Account           -         Limited Health Care	1/2019 are Flexible Spend Flexible Spending	ELIGIBLE \$1,103.00 ELIGIBLE \$2,700.00 \$5,000.00	Cument as of 3/13/20     SUBMITTED     CLAMS     \$26.50     \$14.00	219 ESTIMA PAID \$0.00 \$0.00	TED PER PAY P PENDING \$16.50 \$14.00	ERIOD DEDUCT DENIED \$10.00 \$0.00	NON: \$1,161.60 BALANCE \$2,683.50 (\$14.00)
Account - Dependent Care - Parking Reimburn	1/2019 are Flexible Spend Flexible Spending sement Account	ELIGIBLE AMOUNT \$2,700.00 \$5,000.00 \$3,120.00	* Current as of 3/13/20 SUBMITTED CLAIMS \$26.50 \$14.00 \$0.00	ESTIMA PAID \$0.00 \$0.00	TED PER PAY P PENDING \$16.50 \$14.00 \$0.00	ERIOD DEDUCT DEMED \$10.00 \$0.00 \$0.00	NON: \$1,161.6 AVAILABLE BALANCE \$2,683.50 (\$14.00) \$0.00

**Ule**»



#### HOW DO I SUBSTANTIATE (VERIFY) A CLAIM?

IRS regulations require that all claims are substantiated with an appropriate receipt. Receipts must include the following information:

- 1. Name of the service provider or merchant/store.
- 2. Date the service/expense was incurred.
- 3. Name of person for whom the service/expense was provided.
- 4. Detailed description of the service/expense provided.
- 5. Amount charged for the service.

If a receipt is needed, you will be notified by email, letter, or account notification depending on your account set up and notification preferences.

**PLEASE NOTE:** Credit card receipts, canceled checks, bank statements, and balance forward statements are not acceptable forms of documentation.

Explanation of Benefits (EOBs) are great for claims substantiation as they provide all the necessary information, including detailed descriptions of the medical service.

Medical Providers are required by law to provide an itemized statement containing a full accounting of the services provided. Many medical providers provide one itemized statement followed by balance forward statements. Balance forward statements do not provide itemized service details. Balance forward statements are not acceptable for claim substantiation.

**Highlighting Reminder**: Please do not use a highlighter to draw attention to information that needs to be considered. Highlighter does not scan well and may black out the information. If desired, star, underline, or circle the information you would like to draw attention to.

#### **Common Misconceptions:**

- 1. If a payment card is used for an eligible service, no receipt is needed.
- 2. Any claim at a doctor, dentist, or vision provider will not require a receipt.

These misconceptions are not true. Since not all services from a medical provider or pharmacy are eligible medical expenses, receipts are required to verify eligibility. For example, a dentist may provide teeth whitening, which is not eligible for reimbursement.



#### HOW DO I FILE A CLAIM OR SUBMIT A RECEIPT?

The best way to submit a claim or receipt is through your website portal or consumer app. Claims submitted through your portal or app are uploaded directly and securely to the processing queue. Claims submitted in these secure methods are processed the fastest.

## I CAN'T ACCESS MY ACCOUNT; HOW ELSE CAN I FILE A CLAIM?

For your convenience, the following methods for submitting a claim may also be used.

#### **Upload Files through Aviben's Website Portal**

- 1. Navigate to Aviben.com
- 2. Hover over "FOR PARTICIPANTS" at the top of the screen.
- 3. Click "UPLOAD FILES"
- 4. Click "HRA/FLEX CLAIM" you will be directed to an external website.
- 5. Complete all data fields.
- 6. Attach files.
- 7. Click the box to agree to Aviben's Terms of Use and Privacy Policy
- 8. Click "Securely Submit Data"

FAX: 763-552-6055

Mail: Aviben 1995 E Rum River Dr. S Cambridge, MN 55008

# UPLOAD HRA/FLEX CLAIM

Employer Name *	Type of Plan(s)*
Aviben HRA Filling out this form doe claim.	A/HSA/FLEX Paperwork Submission Form es not replace the Aviben Claim Form as we need your signature to approve your . Please submit your claim form along with your documentation.
Phone Number*	Email Address * ③
1002-1002-10000	
Please include any special	instructions here
Please include any special	instructions here rag and drop your completed transaction documents in the bc Files'' to select the files. Please only upload PDF files.*⊙
Please include any special You can either dr or olick "Choose Choose Files No file c	Instructions here rag and drop your completed transaction documents in the bc Files" to select the files. Please only upload PDF files.*⊙ chosen

lle»



#### HOW DO I VIEW MY CLAIMS HISTORY AND STATUS?

- 1. From the **Home Page**, click on the **Accounts Tab**, and then click on the **Claims** link to see your claims history. You can apply filters from the top of the screen. You can filter by plan year, account type, claim status, or receipt status.
- 2. By clicking on the line of the claim, you can expand the data to display additional claim details.

**Did You Know?** For an alternative perspective, you may also view claims history and status for all claim types, including dependent care, on the **Dashboard** page. You can apply filters from the top of the screen. Filter options on the **Dashboard** screen include expense type, status, date, recipient, or merchant/provider. You may also search for a specific expense by entering a description into the search field.

		Contact Us	Uma Ballard ~ 🛛 🐺 (0)	Logout
Home	Accounts	Tools & Support	Message Center 2	
Accounts / C	laims			
Filter Bv ∽ Reset Fil	ters			
DATE OF SERVICE -	ACCOUNT MERCHAI	NT/PROVIDER CLAIM STA	TUS	AMOUNT
+ 03/02/2019	Limited Health Care Fl Universi	ty Clinic PTP Pene	ding Receipt	\$6.50
+ 02/01/2019	Dependent Care Flexi Rocking	Horse Childcare Pending I	Reimbursement	\$7.00
+ 02/01/2019	Limited Health Care Fl ABC Ey	ewear Schedule	d Reimbursement	\$5.00
+ 01/01/2019	Limited Health Care FI 20/20 Vi	sion Denied		\$10.00
+ 01/01/2019	Dependent Care Flexi Rocking	Horse Childcare Pending I	Reimbursement	\$7.00
+ 01/01/2019	Limited Health Care Fl ABC Ey	ewear Schedule	d Reimbursement	\$5.00
+ 12/01/2018	Dependent Care Flexi Rocking	Horse Childcare Schedule	d Reimbursement	\$7.00
+ 12/01/2018	Limited Health Care Fl ABC Ey	ewear Schedule	d Reimbursement	\$5.00
+ 11/01/2018	Dependent Care Flexi Rocking	Horse Childcare Schedule	d Reimbursement	\$7.00
+ 11/01/2018	Limited Health Care FI ABC Ey	ewear Schedule	d Reimbursement	\$5.00
+ 10/01/2018	Dependent Care Flexi Rocking	Horse Childcare Schedule	d Reimbursement	\$7.00
+ 10/01/2018	Limited Health Care Fl ABC Ey	ewear Schedule	d Reimbursement	\$5.00



#### HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

- 1. From the **Home Page**, under the **Accounts** tab, click **Payments**. You will see reimbursement payments made to date, including debit card transactions.
- 2. By clicking on the line of a payment, you can expand the data to display additional details about the transaction.

#### HOW DO I REPORT A DEBIT CARD MISSING AND/OR REQUEST A NEW CARD?

- 1. From the **Home Page**, under the **Accounts Tab**, click the **Banking** link.
  - 2. Under the **Debit Cards** column, click **Report** Lost/Stolen or Order Replacement and follow instructions.

#### MORE HELPFUL INFORMATION

Please call Aviben if you suspect fraudulent activity with your debit card.

		Con	tact Us Uma Ballard	~ 📜 (0) Logout
Home	Accounts	Tools	& Support Message	Center 2
Accounts / F	Payments			
Filter By	ilters			
	NUMPER	NETUOD	674710	
+ 10/10/2018	000000000	Direct Deposit	Paid	\$36.00
+ 07/02/2018	0000027526	Check	Paid to Provider	\$10.00
+ 07/02/2018	0000027525	Check	Paid to Provider	\$10.00
+ 06/28/2018	0000465885	Check	Paid to Provider	\$15.00
+ 06/28/2018	0000465884	Check	Paid to Provider	\$15.00
+ 06/28/2018	0000465883	Check	Paid	\$150.00

		Contact Us	Uma Ballard - 💥 (0) Logout
Home	Accounts	Tools & Support	Message Center 💈
Banking			
Bank Accounts	Add Bank Account	Debit Cards	
CHECKING USA Bank xxxx3456 Checking View Remove		Debit Cards Justine Davis Card Number: xPEND † Status: Active Explore: 6/30/2018 Effective: 6/11/2015 Report Lost/Stolen Order Replacement	
CHECKS			
Order Checks			

lle



#### HOW DO I UPDATE MY PERSONAL PROFILE?

- 1. From the **Home Page**, under the **Accounts Tab**, you will find links to update profile information including profile summary details, dependents, and beneficiaries.
- Click the appropriate link under Profile for your updates: Update Profile or Add/Update
   Dependent. Some profile changes will require you to answer an additional security question.
- 3. Complete your changes.
- 4. Click Submit.

#### MORE HELPFUL INFORMATION

Updating your address? If you are currently employed, please inform your employer of your new address.

Have an Invested account? Please update the Investment System your new address as well as the Consumer Portal.

Home	Accounts	Tools & Support	Message Center 2
ofile / Profile	e Summary		
Profile	Update Profile	Dependents	Add Dependent
JMA BALLARD		JONATHAN BALLARD	
Home Address	Mailing Address	Birth Date: 5/2/2015 Student: No	
Wieze, MN 83483 United States	Wieze, MN 83483 United States	View / Update	
employee@pde.com			
GENDER	MARITAL STATUS		
Jnspecified	Unspecified		
ONSUMER COMMUNIC			





#### HOW DO I GET MY REIMBURSEMENT FASTER?

The fastest way to get your money is to sign up online for **DIRECT DEPOSIT** to your personal account.

- From the Home Page, under the Tools & Support tab, click Change Payment Method under the "How Do I" section.
- 2. Select **Update** for the appropriate plans. Update the secondary reimbursement method to **Direct Deposit**.
- 3. Enter your bank account information and click Submit.
- 4. The Payment Method Changed confirmation displays.
- 5. If there is a bank validation requirement, you will be notified on the portal to look for a small transaction or "micro-deposit" in your designated bank account in the next couple of days to enter online, which will validate your account.

#### HOW DO I CHANGE MY LOGIN AND/OR PASSWORD?

- 1. From the **Home Page**, click on the **Accounts Tab**, and click **Login Information**.
- 2. Follow instructions on the screen. (For a new account, the first time you log in, you will be prompted to change the password that was assigned by your plan administrator. Follow the instructions.)
- 3. Click Save.

#### MORE HELPFUL INFORMATION

Your Consumer Portal password expires every 150 days. Stay ahead by updating it regularly.

		Contact Us 🚺 Uma Ballard ~ 🚟 (0) Logout
Home	Accounts	Tools & Support Message Center 2
Tools & Suppo	rt	
Documents & Forms	3	How Do I?
FORMS		Change Payment Method
ALL ABOUT HEALTH SAVI	NGS ACCOUNTS	Update Notification Preferences
Auto Dependent Care Claim	1	Download Mobile App
Beneficiary Change/Spousa	I Consent Form	Update HSA Coverage Level
Dependent Care Claim Forr	n	Update Healthcare Savings Goal

		<b>T</b> 1 0 0 1	
Home	Accounts	Tools & Support	Message Center 🛿
ogin Informatio	on		
Password	Change Password		
	Change Username		
Username	5		



#### HOW DO I VIEW OR ACCESS:

#### ...DOCUMENTS & FORMS?

- 1. From the **Home Page**, click the **Tools & Support** tab.
- 2. Click any form or document of your choice.

#### ...NOTIFICATIONS?

- 1. From the **Home Page**, click the **Message Center** tab.
- 2. Click any link of your choice. You will be able to view and archive current documents, as well as reference documents archived previously.
- In addition, you can Update Notification Preferences by clicking on the link next to Notifications.

#### ...PLAN INFORMATION?

- 1. On the **Home Page**, under the **Accounts Tab**, you will be directed to the **Account Summary** page.
- Click the applicable account name and the Plan Rules will open in a pop-up window. <u>OR</u> from the Home Page, under the Tools & Support page, you may view Plan Summaries for basic information. Then click each applicable plan to see the plan details.

				Conta	ct Us	👤 Uma Bal	lard ~ 🐺 (	0) Logou
	Home	Acco	ounts	Tools &	Support	Mess	age Cente	er 2
les	ssage Cent	ter						
				ţţ	Update Not	fication Preference	ences 🗟	view Stateme
Cu	rrent Messages							Archive
•		FROM	SUBJECT		AT	TACHMENT		
	3/5/2019 8:15 AM	Auto-genera	HSA Account Su	mmary (2/1/2019	9 - 2/28/ H	SA Account Se	ammary (2/1/2	2019 - 2/28/
	2/5/2019 10:06	Auto-genera	HSA Account Su	mmary (1/1/2019	9 - 1/31/ H	SA Account Se	ummary (1/1/3	2019 - 1/31/
	1/12/2019 1:08 AM	Auto-generated	1099-SA (2018)		10	99-SA (2018)		
	1/4/2019 7:20 AM	Auto-generated	HSA Account Sun	nmary (12/1/2018	8 - 12/31 H	SA Account Su	mmary (12/1/2	018 - 12/31
	12/5/2018 9:54 AM	Auto-generated	HSA Account Sun	nmary (11/1/2018	8 - 11/30 H	SA Account Su	mmary (11/1/2	018 - 11/30
	11/5/2018 3:11 PM	Auto-generated	HSA Account Sun	nmary (10/1/2018	8 - 10/31 H	SA Account Su	mmary (10/1/2	018 - 10/31
	10/10/2018 12:00 AM	Auto-generated	Advice of Deposit		Ad	lvice of Deposi		
_								
	Home	Acco	ounts	Tools &	Support	Mess	age Center	2
.CC The View	Home Counts / Accounts / Accounts / Accounts	Acco COUNT Su ed on the Acco	mmary	Tools &	Support	Mess	age Center	benefits.
CC The View	Home Counts / Accounts / Accounts information displayer w More	Acco count Su ed on the Accou	mmary	Tools &	Support	Mess	age Center	2 benefits.
CC The View Hea	Home COUNTS / ACC D information displays w More atth Savings Acc OTAL AVAILABLE	Accorners of the Accorn	unts mmary unt Summary pag \$5,153.00	Tools &	Support	Mess	age Center	Denefits.
CC The View Hea	Home COUNTS / ACCO Information displays Whore COUNTS ACCO COUNTS A	Account Su count Su ed on the Account ount BALANCE NNCE	sunts           mmary           unt Summary page           \$5,153.00           INVESTMEN           \$1,103.00 *	Tools &	Support eending upor	Mess	age Center	Denefits.
CC The View Hea Th A' \$4	Home COUNTS / ACCO Information displays More alth Savings Acco TOTAL AVAILABLE CASH BALA 4,050.00 01/2019 - 12/31/2	Accord count Su ed on the Accord ount () BALANCE NNCE	sunts           mmary           unt Summary page           \$5,153.00           INVESTMEN \$1,103.00 *	Tools &	Support eending upor	Mess	age Center	benefits.
CC The View Heat The A' Sa O1/	Home Counts / Acco Information displays WMore alth Savings Acco OTAL AVAILABLE CASH BALL 4,050.00	Acco	sunts mmary unt Summary page \$5,153.00 INVESTMEN \$1,103.00 *	Tools & ge will vary dep r BALANCE Current as of 3/1320	Support eending upoor	Mess n your specifi TED PER PAY P	ERIOD DEDUC	Denefits.
CC The View Heat A' \$- 01//	Home Counts / Accounts / Account / Accou	Acco Count Su ed on the Accor ount () BALANCE 019	sunts           mmary           unt Summary           st,153.00           INVESTMEN           S1,103.00 *           ctoret           S2,700.00	Tools & ge will vary dep I BALANCE Current as of 3/1320 S26.50	Support eending upor	Mess o your specific TED PER PAY P PENDING \$16.50	age Center c healthcare eriod deduc: 0ENED \$10.00	Denefits.
CCC The View Heat The A' Solution () () () () () () () () () ()	Home Counts / Accounts Counts / Accounts Counts Cou	Acco	sunts           mmary           st,153.00           INVESTMEN           s1,103.00 °           s2,2700.00           \$5,000.00	Tools & ge will vary dep T BALANCE Current as of 3/1320 \$26.50 \$14.00	Support eending upor 119 ESTIMA \$0.00	Mess o your specific ted per pay p perione \$16.50 \$14.00	ERIOD DEDUC C healthcare	Donefits.
CCC The View Heat TT A' S' 01// + + +	Home Counts / Accounts / Account / Accou	Accord	S5,153.00           INVESTMEN \$1,103.00           ELUDIR E \$2,2700.00           S5,200.00           \$3,120.00	Tools & ge will vary dep T BALANCE Current as of 31320 \$26.50 \$14.00 \$0.00	Support eending upor estimate \$0.00 \$0.00 \$0.00	Mess           n your specific           TED PER PAY P           PENDING           \$16.50           \$14.00           \$0.00	аде Center c healthcare еккор рерис: <u>ренер</u> \$10.00 \$0.00 \$0.00	AMALANE         \$2,141,402         \$2,653,502         \$2,652,502         \$2,652,502



#### HOW DO I ACCESS THE INVESTMENT PORTAL?

Navigate to <u>https://www.yourbenefitaccount.net/aviben/</u> to sign into your account.

#### FIRST-TIME USER DEFAULT USERNAME AND PASSWORD

Username: Full SSN with no dashes

Password: Last four numbers of SSN

Select "Participant" from the dropdown menu. Click "LOGIN"

#### SINGLE SIGN ON

If your HRA account is in claims-eligible status, you can access the Investment Portal from your WEX Consumer Portal. Simply log into the Consumer Portal & Click "View HRA Investments."

_	
Ð	
	Welcome
	Username (Default is SSN with no dashes. Usernames are case sensitive.) *
	12345678
	Password (Default is last four numbers of SSN) *
	Forgot User ID or Password?
	Participant 🗸
	Remember me on this device
	Note: The password is case sensitive. If you fail to login three consecutive times your account could be disabled.
A N	LOGIN
8 - N	
	River and the second

I Want To:		
Manage My Expenses	View HRA Investments	

Use the Investment Portal to view your balance, view statements and make changes to your investments.



#### FREQUENTLY ASKED QUESTIONS

- Can you speak with my spouse or representative? Aviben will not communicate with anyone other than the account holder unless an authorization form is submitted giving us permission to speak with the individual listed.
- Why are my claims always denied?

By far, the most common reason a claim is denied is due to lack of documentation. The Internal Revenue Code requires that all eligible expenses be verified with itemized receipts, third-party statements, or an Explanation of Benefits. Be sure your documentation includes a provider name, date of service, patient name, description of service/product and the amount billed. Remember – cancelled checks, credit card receipts and bank statements are not proper forms of documentation.

 I provided everything, why is my claim still denied? Be sure your claim documentation shows the services provided. Your documentation must include a description of the billable charges. "Professional Services," "Balance Forward," "Office Visit", and other generic descriptions are not acceptable.

**Need More Help? Contact Aviben!** Aviben Service Team Customer Support is available Monday through Friday, 7:00am to 6:00pm CST.

- **Phone:** 763-552-6053
- Email: claimsupport@aviben.com
- Address: 1995 E Rum River Dr. S

Cambridge, MN 55008

