



**Diversified Administration, Inc.**

6600 Taft Street, Suite 304

Hollywood, FL 33024

[www.Div125.com](http://www.Div125.com)

PREPARED EXCLUSIVELY FOR PARTICIPANTS IN:

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## How to Make the Most Out of My **Health Reimbursement Arrangement (HRA)**

### **Plan Year**

From \_\_\_\_\_

To \_\_\_\_\_

### **Contact Us at**

Email: [Claims@Div125.com](mailto:Claims@Div125.com)

Phone: (954) 983-9970 Option 3

Fax: (954) 983-9695

## SECTION 105 HRA PLAN INFORMATION

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### What is our plan year?

Our plan year will start on \_\_\_\_\_ and ends on \_\_\_\_\_.

With the HRA, you can benefit from reimbursements for various medical expenses without them being subjected to federal income tax! This concise Q&A guide offers an overview of the HRA benefits. For a deeper understanding and further details, please consult the Summary Plan Description provided by your employer.

### What are the expenses that are eligible under my HRA plan?

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### Who is eligible to participate?

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### How much money is available for reimbursement?

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### What else should I know about how this plan operates?

HRA reimbursements are based on the date of service, not the date of payment. Additionally, your reimbursements from the HRA can't exceed the total amount your employer has allocated for you within the plan year. With the HRA, any unused funds at the end of the plan year may be subject to the plan's specific carryover or forfeiture rules.

### What are the dates eligible expenses can be incurred, or services be received?

For this plan year, expenses must be for services performed or benefits received on or after \_\_\_\_\_ and by \_\_\_\_\_. If you terminate from the company before the end of the plan year, the expense must be incurred while you are employed.

### What is the last day I have to submit my receipts?

There is a \_\_\_\_\_ day grace period at the end of the plan year or your termination date, whichever comes first. This grace period gives you some extra time to organize and submit your receipts after the end of the plan year or termination date. Based on this plan's grace period, the final day to submit receipts (for expenses incurred during the plan year) is \_\_\_\_\_.

### Does my plan have a Debit Card?

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### Does my plan have Direct Deposit?

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## SECTION 105 HRA PLAN INFORMATION

PLAN YEAR FROM \_\_\_\_\_ To \_\_\_\_\_

We will be processing **weekly** this year.

If your claim is in our office by 4:00 pm on Tuesday, we will be able to process it on Wednesday.

**You will receive the money shortly after the processing date.**

**\*\*Any claim received after the cut-off date will be processed on the following date.**

**Participants can now submit claims directly on our [www.Div125.com](http://www.Div125.com) website,  
or on our Mobile Phone app without the need for a separate claim form.**

ALL USERS MUST LOG IN TO THE WEX ACCOUNT THE FIRST TIME USING THE FOLLOWING INSTRUCTIONS:

- o Go to [www.Div125.com](http://www.Div125.com)
- o Click on the blue [CDH Login](#) button in the upper right-hand corner
- o Click in the **Existing Users** box, entering the Username and Password following the instructions on the next lines.
- o Your first time username is your first initial, your last name, and the last 4 of your SSN - jsample9999
- o If you have another login from a different group's benefits, one of those logins will have a 1 after it - jsample99991
- o Click the next button, and a password field will appear below where you entered your username
- o Your first time password is your 5-digit zip, your first initial (lowercase), and the last 4 of your SSN - 33333j9999
- o After setting up 3 security questions, you can customize your username and password. Answers are CASE sensitive.

Administrative Services provided by  
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Fax (954) 983-9695  
[www.Div125.com](http://www.Div125.com)  
E-mail claims to [Claims@Div125.com](mailto:Claims@Div125.com)

Scan for the **iPhone**  
Diversified App



Scan for the **Android**  
Diversified App



# WHICH EXPENSES ARE ABLE TO BE REIMBURSED WITH YOUR HRA PLAN?

## THE FOLLOWING EXPENSES ARE ELIGIBLE FOR REIMBURSEMENT WITH AN FSA PLAN

- Acupuncture Services
- Alcoholism & Drug Abuse Treatment
- Birth Control Pills & Devices
- Blood Pressure Cuffs
- Blood Sugar Test Kits for Diabetics
- Braces & Orthodontia
- Chiropractic Adjustments
- Compression Products (30-40 mmHg or above)
- Contact Lenses & Glasses
- Crutches & Medical Equipment
- Deductibles, Coinsurance, and Copays
- Dental Procedures and Dentures
- Doctor Office Visits
- Eyeglasses, including Exam Fee
- Flu Shots & Vaccines
- Handicapped Persons' Special Schools
- Hearing Devices and Batteries
- Incontinence Products
- Insulin & Other Diabetic Supplies
- Laboratory & Diagnostic Fees
- Lasik Eye Surgery
- Hospitalization and Clinical Care
- Menstruation Products
- Obstetrics & Gynecology
- Orthopedic Shoes
- Over the Counter Medications
- Oxygen and Oxygen Equipment
- Physical & Speech Therapy
- Prescription Medication
- Psychiatrists & Psychologists
- Smoking Cessation Programs
- Surgical Procedures
- Thermometers
- Vasectomy Operations
- Walkers, Wheelchairs & Canes
- X-Rays & Medical Imaging

## THE FOLLOWING EXPENSES WILL NEED A LETTER OF MEDICAL NECESSITY / RX

- Alopecia Treatment
- Certain "Dual Use" Rx (Botox)
- Cervical Pillows
- Dermatologist (not matching a copay)
- Learning Disability Treatment
- Massage Therapy Sessions
- Orthopedic Shoes
- Probiotics & Most Supplements
- Service Animals
- Weight Loss Programs and Rx

## THE FOLLOWING EXPENSES ARE NOT REIMBURSABLE UNDER AN FSA PLAN

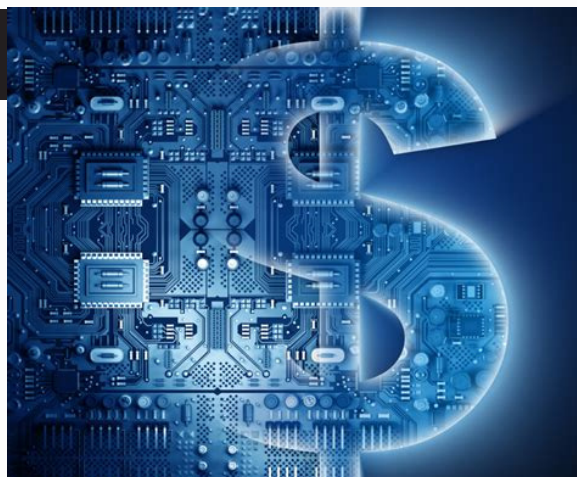
- Baby Wipes & Diapers
- Body Lotions & Creams
- Cosmetic Surgery / Prescriptions
- Deodorants & Moisturizers
- Electrolysis Procedures
- Hair Transplants & Rogaine
- Marijuana (Medical or Otherwise)
- Teeth Bleaching & Toothpaste
- Soap, Face Wash & Body Wash
- Q-tips, Dental Floss, & Toiletries



# ENJOY BENEFIT-LINKED DEBIT CARDS

## FSA Benefits Debit Card

If your employer offers an Debit Card linked to your FSA Benefit, you also get real time access to view all of your debit card activity. This includes the ability to view every swipe you've made using the card. You can see the date you swiped the card, the provider you went to, the amount of the swipe, and the when it was approved. You also get information about any card declines. As an identity theft protection measure, you will also get an e-mail notifying you every time the card is used.



Your smart card can be easily used at qualifying locations to pay for out of pocket medical expenses. While some swipes will always require a claim form and receipt (such as dental offices, which provide both medical and cosmetic services), this benefit linked debit card is smart enough to auto-approve certain expenses without the need to submit additional documentation. When the card is used at a doctor's office, and the amount charges is a standard copay amount (\$25, 30, 35, 50, 75, etc), no documentation is needed to approve your claim. Prescription medication purchased at major pharmacies using your smart card will also be auto-approved without having to submit additional documentation. We can also set up "recurring claims" for when you have situations where you see the same service provider, and pay the same amount each time. Once this recurring claims is set up, you will not need to submit documentation for subsequent services provided by this merchant.



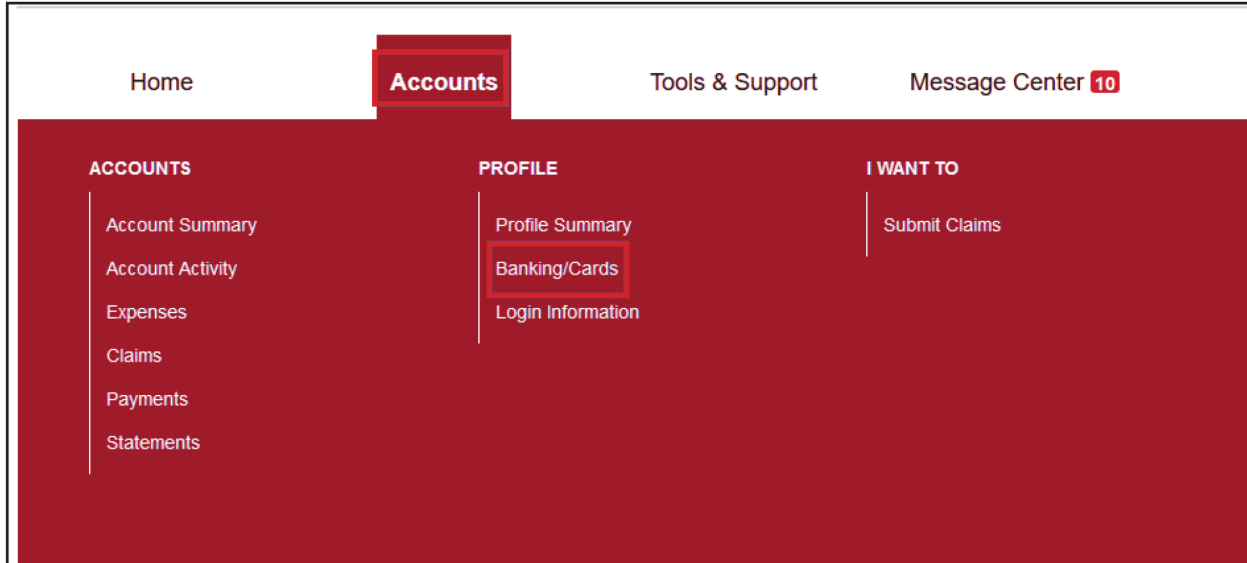
## Smarts Cards are a Great Idea!

When your benefit linked debit card is used for expenses other than standard copays, Rx medication or recurring charges, you will need to submit substantiating documentation along with a completed claim form. This means you will need to submit a bill, statement, receipt, or explanation of benefits which include the following: Date of service, Type of service, Recipient of Service, and Cost of Service. The claim form and documentation can be sent via app, e-mail, fax, or mail. Claims are typically processed within 1-2 business days, if not sooner.

## Benefits that Come with your Smart Card

- Prescriptions & Pharmacies
- Doctor's Office Visits
- Hospitalizations (In & Out Patient)
- Insurance Deductibles
- Dental & Orthodontic Care
- Eye Exams, Glasses & LASIK
- Medical Testing & Diagnostics
- Recurring Claims
- Auto-Substantiation
- Email Notification & Much More!

## How to Order a Spouse or Dependent Debit Card



Home **Accounts** Tools & Support Message Center 10

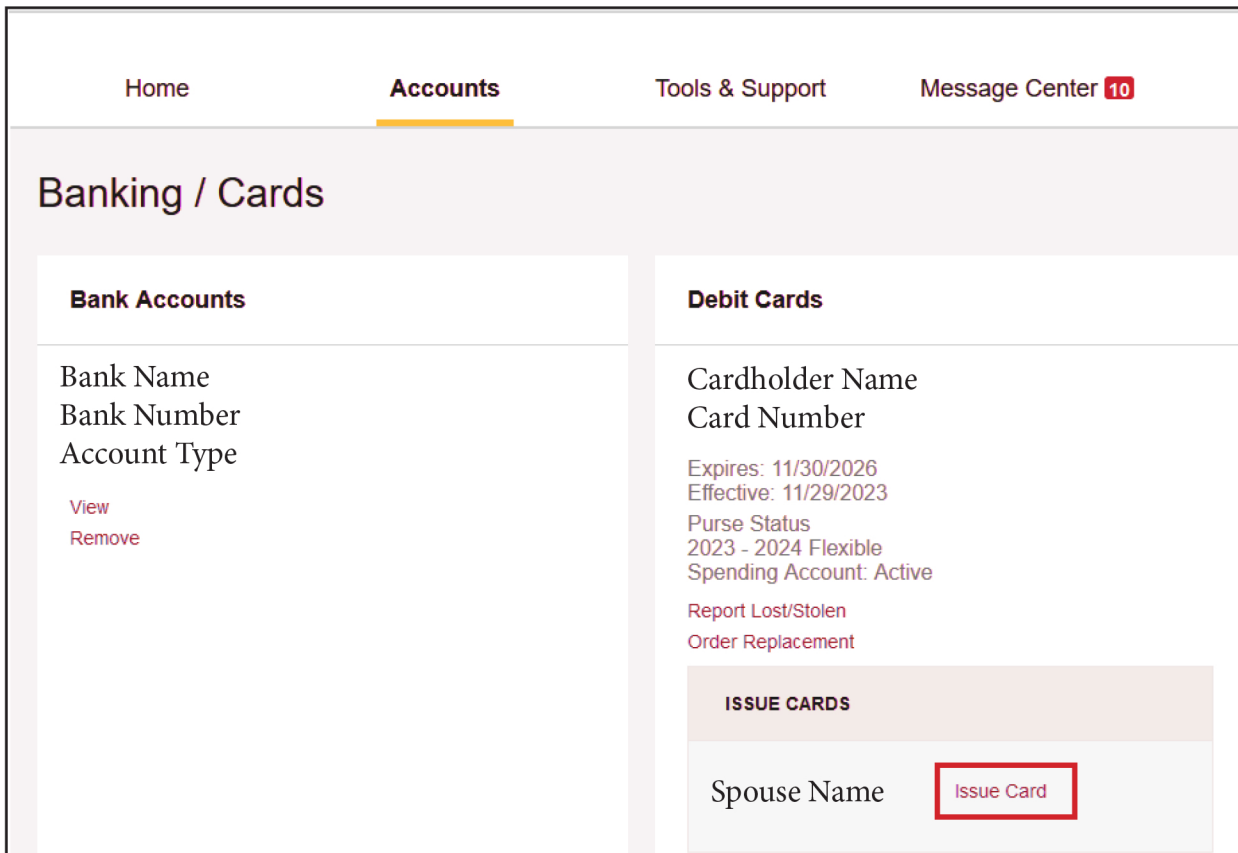
**ACCOUNTS** **PROFILE** **I WANT TO**

Account Summary  
Account Activity  
Expenses  
Claims  
Payments  
Statements

Profile Summary  
**Banking/Cards**  
Login Information

Submit Claims

After entering your spouse/dependents, click **Accounts**, and then **Banking/Cards**  
To order your spouse/dependents a Debit Card, click **Issue Card**.  
Only dependents 18 or older are eligible to receive a Debit Card.



Home **Accounts** Tools & Support Message Center 10

### Banking / Cards

Bank Accounts	Debit Cards
Bank Name Bank Number Account Type  <a href="#">View</a> <a href="#">Remove</a>	Cardholder Name Card Number  Expires: 11/30/2026 Effective: 11/29/2023 Purse Status 2023 - 2024 Flexible Spending Account: Active  <a href="#">Report Lost/Stolen</a> <a href="#">Order Replacement</a>

**ISSUE CARDS**

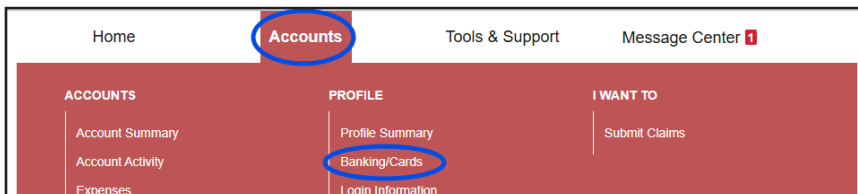
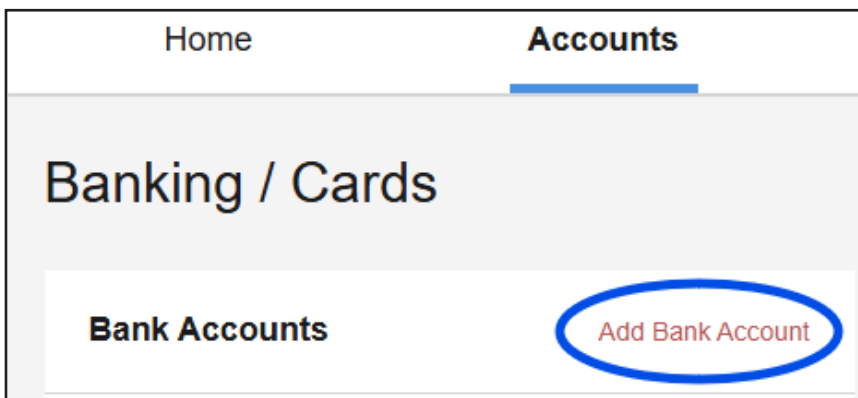
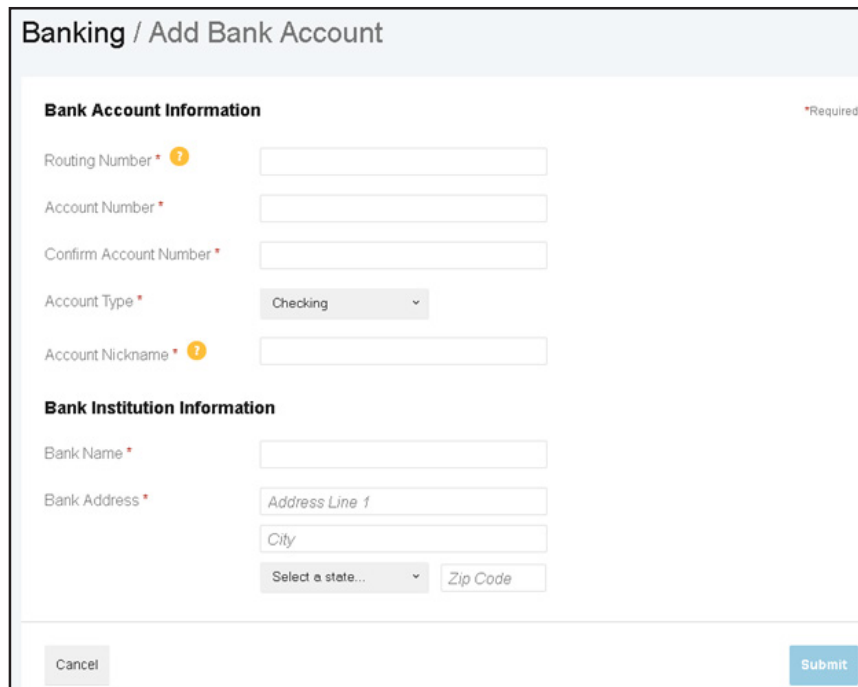
Spouse Name **Issue Card**

## How to Add a Bank Account using the Wex Web Portal

When reimbursements are issued for approved claims, your employer issues payment via Direct Deposit. To verify the accuracy of the banking information when it is first entered, a "micro-deposit" will be deposited into your account, between the amounts of \$0.01 and \$0.99. The following steps show how to enter your banking information, and verify the micro-deposit to activate the account.

### Tasks 1

To get your money faster, set up a bank account for direct deposit

**Step 1:** Log In To The Consumer Portal at:  
<https://diversified.lh1ondemand.com/>

In the **Tasks** section click the link to set up a bank account for direct deposit. (This will take you right to Step 3)

or  
In the **Account** section at the top, go to the **Profile** section, and click the link that says **Banking/Cards**.

**Step 2:** On the Banking page, click the **Add Bank Account** link.

**Step 3:** Enter your:  
Routing Number  
Account Number  
Confirm Account Number  
Select Account Type  
Account Nickname  
Please also provide your  
Bank Name and Address.  
Then click the Blue Submit button.

**Step 4:** A deposit will be made to your bank account within 1–3 business days.

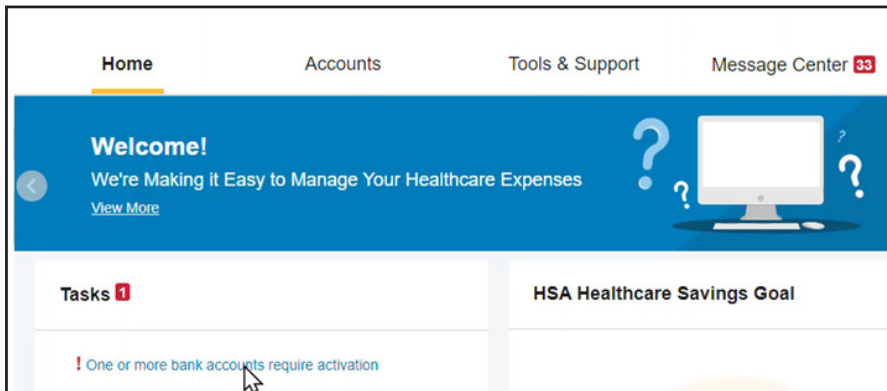
You must verify the micro deposit amount with your bank and confirm it on the Diversified website within 10 calendar days. If not verified in time, your banking info will become inactive, and you'll need to restart the process.

Follow the steps on the next page to confirm the deposit and activate your account for use.

## How to Add a Bank Account using the Wex Web Portal

When reimbursements are issued for approved claims, your employer issues payment via Direct Deposit.

To verify the accuracy of the banking information when it is first entered, a “micro-deposit” will be deposited into your account, between the amounts of \$0.01 and \$0.99. The following steps show how to enter your banking information, and verify the micro-deposit to activate the account.



The screenshot shows the Wex Web Portal Home page. At the top, there are navigation links: Home, Accounts, Tools & Support, and Message Center (33). Below the navigation bar is a blue banner with the text 'Welcome! We're Making it Easy to Manage Your Healthcare Expenses' and a 'View More' link. To the right of the banner is an illustration of a computer monitor with question marks. Below the banner, there are two main sections: 'Tasks' and 'HSA Healthcare Savings Goal'. The 'Tasks' section has a red notification icon and a message: 'One or more bank accounts require activation'. A mouse cursor is pointing at this message.

**Step 5:** Log In To The Consumer Portal at:  
<https://diversified.lh1ondemand.com/>

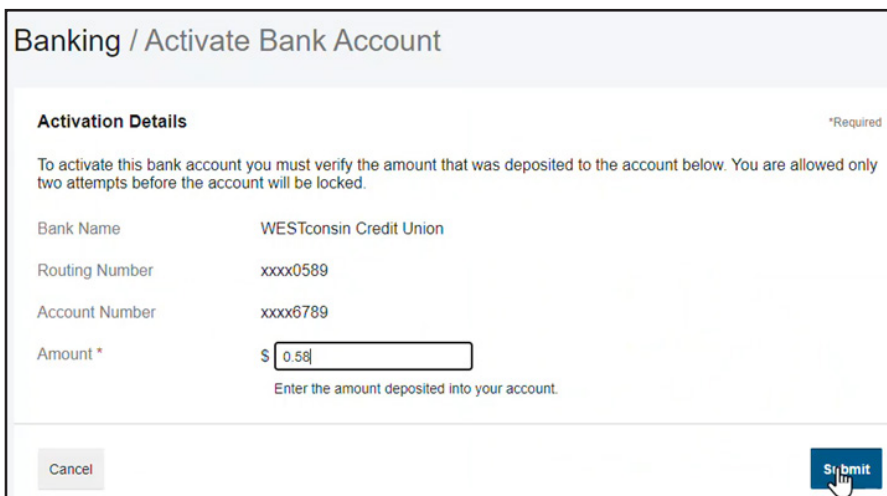
Locate the **Tasks** section on the Home page, and click the link that says **One of more bank accounts require activation**.

**Step 6:** Enter the amount, between \$0.01 and \$0.99 which was deposited into your bank account.

Then click the blue **Submit** button at the bottom of the page.

The system will check to see if the amount you entered matches the amount deposited.

You get two attempts to enter the right amount. Entering the correct amount allows Direct Deposits to be made to that account.



The screenshot shows the 'Banking / Activate Bank Account' page. The 'Activation Details' section is highlighted. It contains the following information: Bank Name: WESTconsin Credit Union; Routing Number: xxxx0589; Account Number: xxxx6789; Amount: \$0.58. Below the Amount field is a prompt: 'Enter the amount deposited into your account.' At the bottom left is a 'Cancel' button, and at the bottom right is a blue 'Submit' button with a mouse cursor pointing at it.

This completes the Employee Micro-Deposit Banking Verification Process.

If you have any questions, please email us at [claims@div125.com](mailto:claims@div125.com) or call us at (954) 983 - 9970 Option 3.

## How to Repay a Debit Card Swipe in the Wex Online Portal

After logging in, you will see a Task for each Debit Card Swipe which needs to be repaid. Click the link.

**Tasks**

! 3 repayment(s) totaling \$112.88 due for paid claims that were later denied

You are then taken to the screen below, where you can click the blue **Repay** button.

### Accounts / Repayments

Repayments are necessary when claims have been paid to you but later denied. This page displays any pending repayments as well as past repayments.

#### Pending Repayments

View the appropriate Denial Letter with Repayment Notification for instructions on how to satisfy your outstanding repayment(s). The Date/Time of the Denial Letter with Repayment Notification in the Message Center should be the day after the corresponding repayment Denial Date below.

DENIAL DATE	DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	REPAYMENT METHOD	ORIGINAL REPAYMENT	OUTSTANDING REPAYMENT DUE	
4/13/2022	3/1/2022	Medical F...	Good Med ...	Check	\$50.00	\$50.00	<a href="#">Upload Receipt(s)</a> <a href="#">View Receipt(s)</a> <a href="#">View Denial</a> <a href="#">View Claim</a>
8/4/2022	5/1/2022	Medical F...	Sample Pr...	Check	\$123.66	\$123.66	<a href="#">Upload Receipt(s)</a> <a href="#">View Receipt(s)</a> <a href="#">View Denial</a> <a href="#">View Claim</a>
8/28/2023	1/2/2023	LSA	-	Check	\$70.00	\$70.00	<a href="#">Upload Receipt(s)</a> <a href="#">View Denial</a> <a href="#">View Claim</a>
8/28/2023	1/2/2023	LSA	-	Check	\$80.00	\$80.00	<a href="#">Upload Receipt(s)</a> <a href="#">View Denial</a> <a href="#">View Claim</a>

Total Outstanding Amount: \$323.66





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## How to Repay a Debit Card Swipe in the Wex Online Portal

After clicking repay, you will be brought to the Repayments / Repay screen.  
Confirm the details are correct, and check the box indicating you have read the disclaimer.  
Click Submit to repay the debit card swipe via the listed bank account.

### Repayments / Repay

#### Repayment Details

Denial Date	8/28/2023
Account	LSA (1/1/2023 - 12/31/2023)
Original Repayment	\$80.00
Repaid Amount	(\$0.00)
Outstanding Repayment Due	\$80.00

#### Repayment From Bank Account

Repayment From FakeBank (Checking)  
Routing Number 021000021  
Account Number xxxx2345  
[Update Bank Account](#)

Repayment On 11/30/2023  
Repayment Amount \$80.00

#### Repayment Disclaimer

I certify that I am the accountholder or an individual authorized to execute this transaction of a mistaken reimbursement. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I authorize the administrator to debit my bank account for the amount I have indicated in the transaction. I assume full responsibility for this transaction and will not hold the administrator, including its agents and employees, liable for any adverse consequences that may result. I have not received tax or legal advice from the administrator and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by the administrator. I understand that this transaction may be revoked or cancelled by contacting the administrator on the date of the transaction.

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

Cancel

Submit



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## How to Substantiate a Card Swipe Using the Web Portal

### STEP 1:

Log in using the credentials you previously created when registering and click **Next**.

### Login

Welcome to your single source for all you need to know about your benefit account(s). File a claim, view account balance and summary information, sign up for FREE direct deposit, get email notifications, and more!

#### Existing Users

Username  [Forgot Username?](#)

☐ Remember Me

**Next**

#### Please use the Existing User Box to the Left

New users can create a new account to get started.

**Get Started**

### STEP 2:

There are two ways to bring up your claim to submit documentation.

Click **View More** in the **Alert** section at the top of the page.

Or scroll down to the **Tasks** section, and click the link to go to the page with your claims.

HomeAccountsTools & SupportMessage Center 4

! 1 receipt(s) needed to approve your debit card transaction(s) or claim(s) [View More](#)

### Tasks 1

! 1 receipt(s) needed to approve your debit card transaction(s) or claim(s) ?

## How to Substantiate a Card Swipe Using the Web Portal

### STEP 3:

For each transaction requiring documentation, click the **Upload** on the right side.

#### Accounts / Receipts Needed

##### ! Receipts Needed

DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
5/25/2025	2025 HRA	Hospital ..	Bruce Wayne	\$89.82 Debit Card	Required	Details <b>Upload</b>

Upload Receipt(s) ×

Eye Glass Receipt - HG - 03.12.25.pdf 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

### STEP 4:

Click **Browse for a File** in the new window.

Locate the documentation from your computer.

Select the files and click **Open**.

Once all of the documents have been uploaded, click **Submit**.

### STEP 5:

After submitting, the page will refresh and you will see a confirmation message at the top.

Home

**Accounts**

Tools & Support

Message Center

#### Expenses



**Receipt(s) Uploaded**

Your receipt(s) has been successfully uploaded.





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## How to Substantiate a Card Swipe Using the Smartphone App

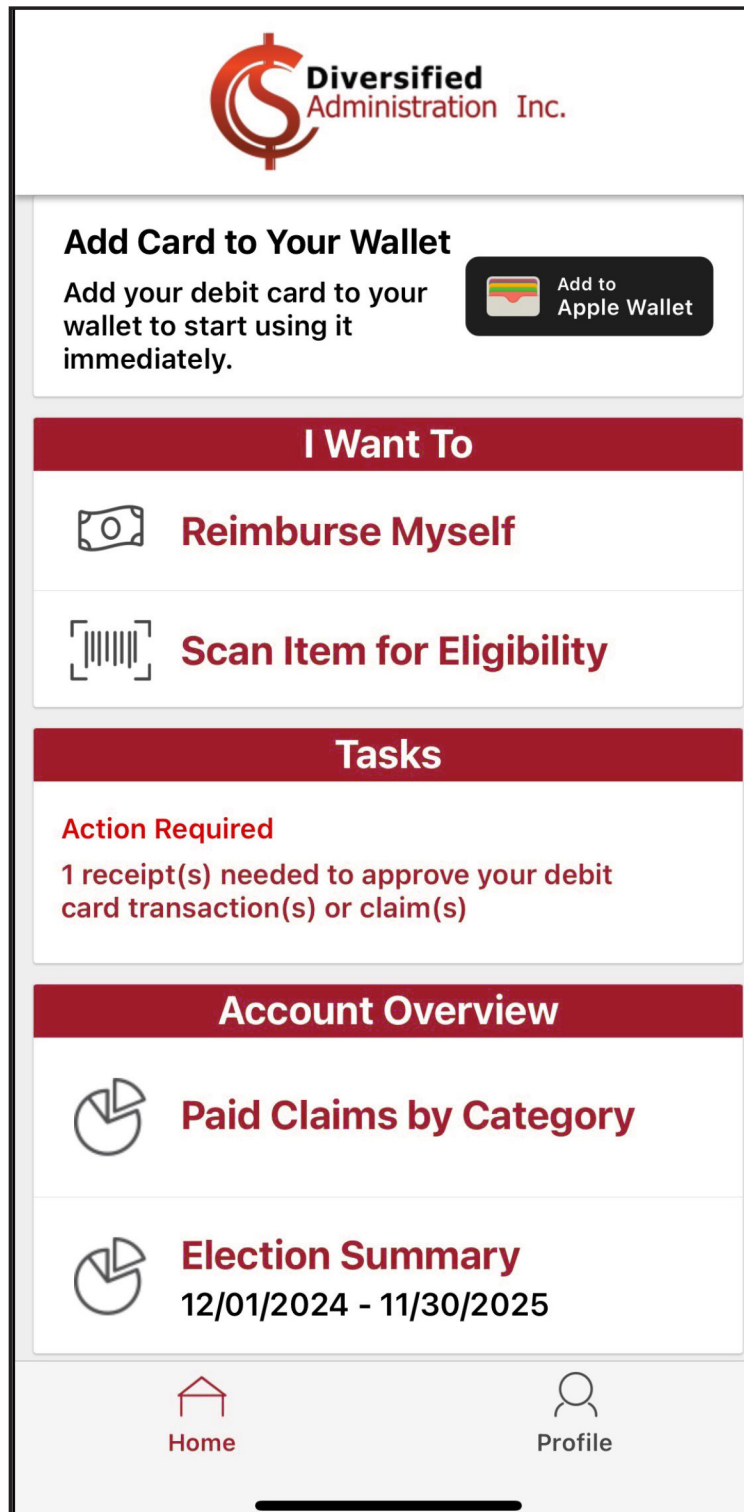
### STEP 1:

After opening the app, you will see a notification under the **Tasks** section that says:

#### Action Required

1 (or more) receipt(s) needed to approve your debit card transaction(s) or claim(s)

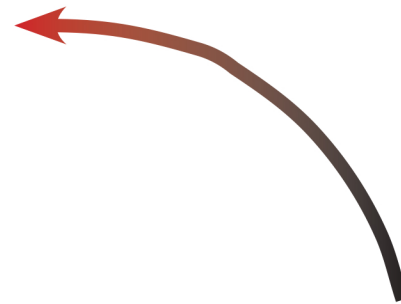
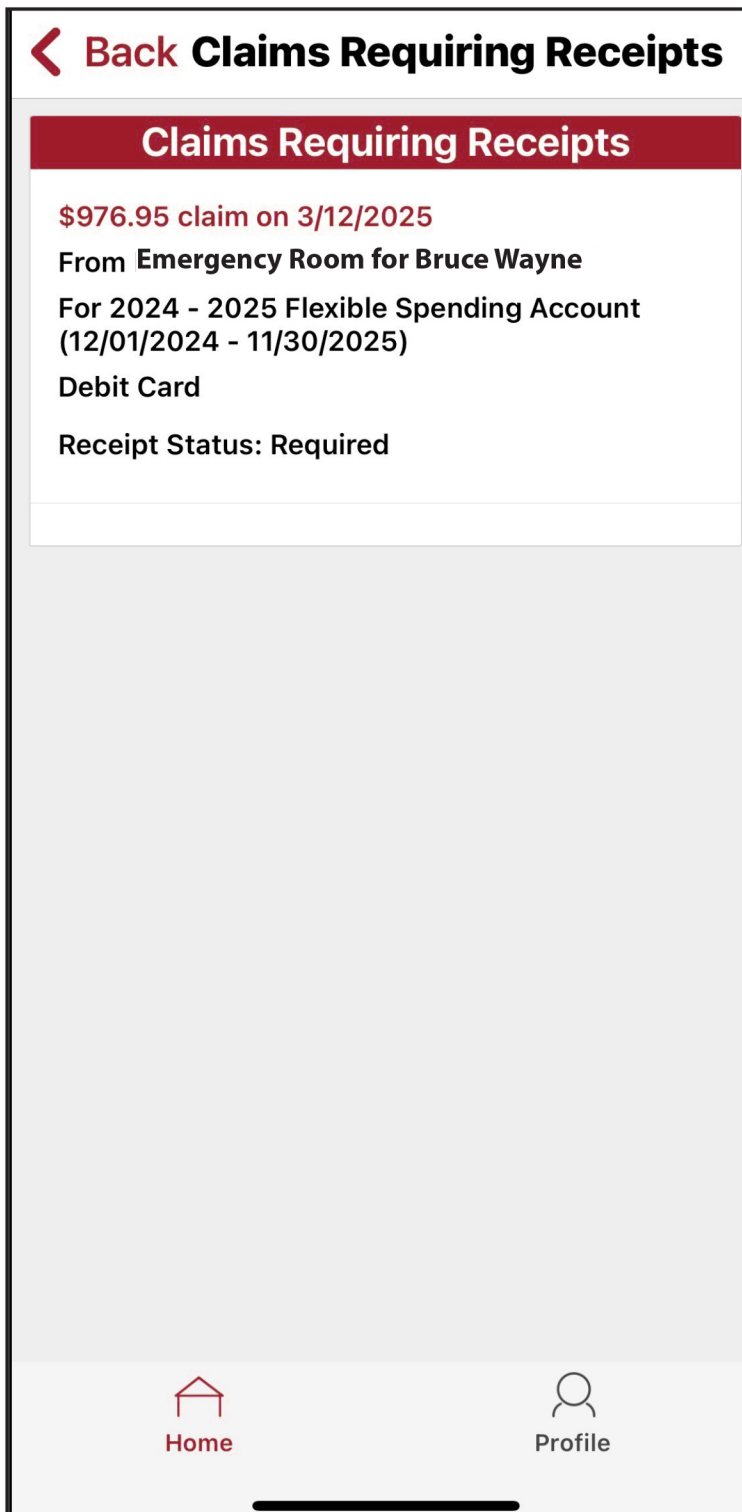
Tap that notification to move to the next step of the process.





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## How to Substantiate a Card Swipe Using the Smartphone App



### STEP 2:

This will take you to the **Claims Requiring Receipts** page.

In this example, we'll submit proper documentation for Bruce Wayne's card swipe on 3/12/2025 at the Emergency Room in the amount of \$976.95.

We can see the Receipt Status is: **Required**


Tap that notification to move to the next step of the process.

Repeat this for each claims requiring receipts.



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## How to Substantiate a Card Swipe Using the Smartphone App

 **Back** **Claim**

**CLAIM NUMBER: 987603122025**  
For 2024 - 2025 Flexible Spending Account (12/01/2024 - 11/30/2025)


**Details**

\$976.95 claim on 3/12/2025  
From **Emergency Room for Bruce Wayne**



Claim Status: Paid  
Receipt Status: Required

Paid Amount	\$976.95
-------------	----------

**Receipts**

 **New Receipt**

No receipts found

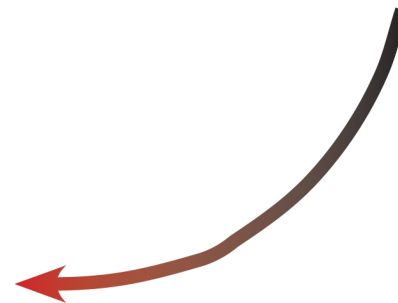
 **Home**  **Profile**

### STEP 3:

This will take you to the page specific to that **Claim**.

In the **Receipts** section you can see it says **No receipts found**.

Tap **New Receipt** to move to the next step of the process.





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## How to Substantiate a Card Swipe Using the Smartphone App

### STEP 4:

Upload documentation with the 5 pieces of information required by the IRS:

Provider of Service  
Recipient of Service  
Type of Service  
Date of Service  
Cost of Service


You will get a notification that your receipt has been submitted successfully.

Tap **OK** to move to the next step of the process.



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## How to Substantiate a Card Swipe Using the Smartphone App

 **Back** **Claim**

**CLAIM NUMBER: 987603122025**  
For 2024 - 2025 Flexible Spending Account (12/01/2024 - 11/30/2025)


**Details**

\$976.95 claim on 3/12/2025  
From **Emergency Room for Bruce Wayne**



Claim Status: Paid  
Receipt Status: Uploaded

Paid Amount	\$976.95
-------------	----------

**Receipts**

 **New Receipt**

**./jpg**  
JPG | Submitted 4/15/2025 1:03 PM

 **Home**  **Profile**

### STEP 5:

This will take you to the page specific to that **Claim**.

In the **Receipts** section you can see it lists the receipt that has just been uploaded.

Tap **New Receipt** to upload any additional receipts for this claim.

Or if that's the last receipt, tap the **HOME** icon.



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## How to Substantiate a Card Swipe Using the Smartphone App

**Bruce Wayne**

Last Login via Mobile 4/15/2025

**CONTACT US**

**DOCUMENTS**

**MANAGE BANK ACCOUNTS**

**MANAGE DEBIT CARDS**

**NOTIFICATION PREFERENCES**

**CHANGE USERNAME / PASSWORD**

**DISABLE FACE ID**

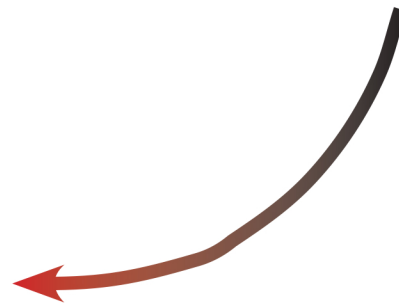
**LOG OUT**

Home Profile

### STEP 6:

You are done, and back on the home screen.

Select one of the other options, or tap **LOG OUT**







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## How to Submit a Claim Online Using the Wex Portal

Home Accounts Tools & Support Message Center 1

I Want To:

Submit Claims

Login in, and click the blue **Submit Claims** button. Make your selections and then click **Next**.

Online claim filing is a fast and easy way to file claims.

Pay From \* Medical

Pay To \* ? Me

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

Cancel Next

You will then need to click **Upload Valid Documentation** to continue.

Receipt / Documentation \* Required

Receipt(s) \* ? Upload Valid Documentation

**Summary**

Pay From Medical

Pay To Me

Cancel Previous Next



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## How to Submit a Claim Online Using the Wex Portal

### Medical Expense Valid Receipts

You must have one of the following valid receipts to substantiate your claim:

- Store/Pharmacy receipt, including name of product and date of service
- Co-pay receipt from medical provider, including date of service
- Itemized bill from medical provider, including date of service
- Insurance company's "Explanation of Benefits", including date(s) of service
- Canceled checks and credit card statements are not valid receipts

Effective 1/1/2011, over-the-counter drugs and medicines require a prescription in addition to a valid receipt, to be reimbursed. Over-the-counter supplies and equipment remain eligible for reimbursement with a valid receipt. Your receipts must contain the name of the product to be reimbursed.

Documentation from a physician must accompany receipts if they are for medical expenses that seem as if they would not be accepted for reimbursement. For example, cosmetic treatments or massage therapy are not typically reimbursable, but could be if prescribed by a physician.

### Upload Receipt(s)

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

You are provided with examples of valid receipts required for claims reimbursements. Click the **Browse for a File** link, and then select up to 4 receipts, and click the blue **Submit** button. Now enter the claim details requested in the form below.

### Claim Details

\* Required

Start Date of Service *	<input type="text" value="mm/dd/yyyy"/>	
End Date of Service	<input type="text" value="mm/dd/yyyy"/>	
Amount *	\$ <input type="text"/>	
Provider *	<input type="text"/>	
Category *	<input type="text" value="Select a category..."/>	
Type *	<input type="text" value="Select a type..."/>	
Description	<input type="text"/>	

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





Diversified Administration, Inc  
6600 Taft Street, Suite 304  
Hollywood, FL 33024  
www.Div125.com  
Phone 954-983-9970  
Fax 954-983-9695

## How to Submit a Claim Online Using the Wex Portal

### Accounts / Transaction Summary

Available Balance ?

\*\* Balance reflects claims not yet submitted

2023 - 2024 Flexible... ?  
\$2,895.35 \*\*

#### Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ?	
+ 2023 - 2024 Flexible Spending Account	Me	Hospital Services	\$100.00	\$100.00	Remove Update
Total Amount			\$100.00	\$100.00	

Cancel

Save for Later

Add Another

Submit

You will then be taken to the Transaction Summary Page.

Click the blue **Submit** button to finalize your submission.

This will take you to the confirmation page, where you can see your claim has been successfully submitted.

### Confirmation

[Print Confirmation](#)

#### Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
+ 2023 - 2024 Flexible Spending Account	Me	\$100.00	\$100.00	Uploaded(1) <a href="#">Upload another Receipt</a>
TOTAL APPROVED AMOUNT			\$100.00	



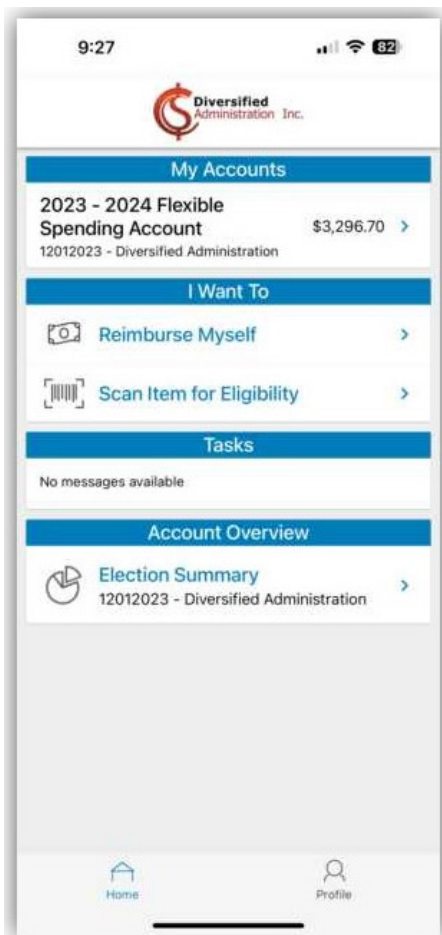
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Hollywood, FL 33024  
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## How to Submit a Claim Using the Smartphone App



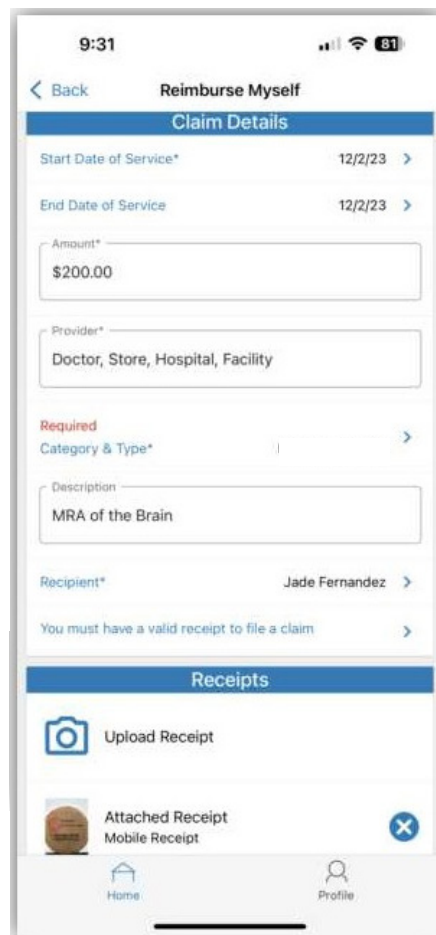
Use the QR code on the LEFT  
to download the iPhone App

Use the QR code on the RIGHT  
to download the Android App



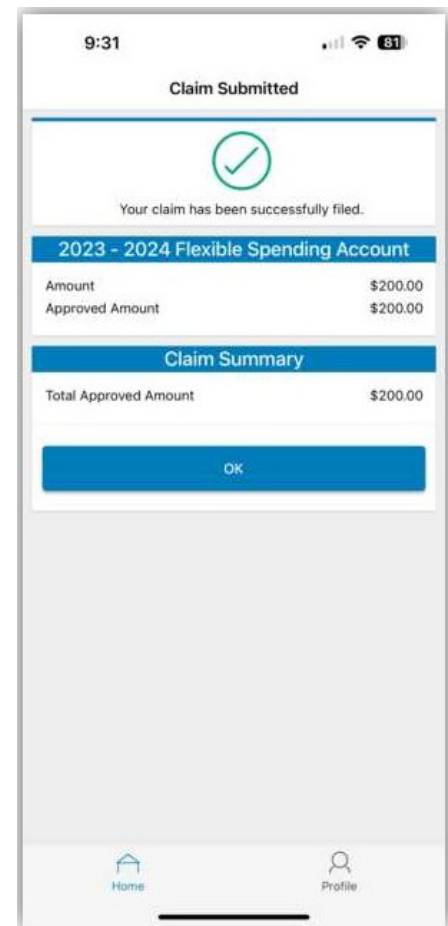
Open your smartphone app  
and log in to your account.

Once you've logged into the  
smartphone app, tap the blue  
**Reimburse Myself** link, near  
the top of the screen.



Enter the Dates of Service,  
Amount, Provider, Category &  
Type of Expense, and Description.

Once that has been entered you  
will need to upload a receipt  
before being able to click submit.



You will then be taken to a  
confirmation screen, which will  
show you the details of the claim  
just submitted.

Tap OK to go back  
to your home page.



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## How to Submit a Claim Using the Smartphone App

### [External]Claim Submission Confirmation



donotreply@diversified.lh1ondemand.com  
To Name Here

Retention Policy DAI User-Delete Older Than 3 years (3 years)

Expires 12/4/2026



Tue 12/5/2023 9:32 AM

This is a confirmation of your recently filed claims. You may view the claim details by visiting the following link <https://Diversified.lh1ondemand.com>.

If receipts are still required, you may also access the claim confirmation to submit along with your receipts.

If you have any questions, please contact your administrator.

Contact CDH Support at (954) 983-9970 ext. 3 or email us at [Claims@div125.com](mailto:Claims@div125.com)

After submitting your claim, you will receive a confirmation email like the one above.

### Accounts

12012023 - DIVERSIFIED ADMINISTRATION

AVAILABLE

2023 - 2024 Flexible Spending Account ?

\$3,096.70

The funds will already taken from the available balance, and will show as unpaid until its been reimbursed.

### Recent Transactions

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS
12/2/2023	Medical	Name Here	Doctor, Store, Hospital, Facility	\$200.00	Unpaid
12/1/2023	Medical	Name Here	Doctor, Store, Hospital, Facility	\$103.30	Unpaid

[View full table of recent transactions](#)



**Diversified**  
**Administration, Inc.**  
**Tax Savings For Employers & Employees**

Thank you for the opportunity to provide you with  
unparalleled benefits administration services.

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**Contact Us at**

Email: [Claims@Div125.com](mailto:Claims@Div125.com)

Phone: (954) 983-9970 Option 3

Fax: (954) 983-9695