You’re in control

• Use MESSA’s secure member website to review your medical bills.
• Use HealthEquity’s secure website to pay medical bills from your HSA.
Be patient

• Use your HealthEquity HSA Visa card to pay for prescriptions at the pharmacy.
• Take time to make sure you know what you owe.
• Use MESSA’s secure member portal to review your medical, prescription, dental and vision claims.
• See what MESSA paid and what deductible charges you have to pay.
• Use HealthEquity’s secure member account tools to view claims, pay your bills electronically from your health savings account (HSA), reimburse yourself, and review your HSA balance.
You received a bill showing you owe $809.47.
Now what?

<table>
<thead>
<tr>
<th>Hospital Outpatient Charges</th>
<th>Payment Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name: Jane Doe MRN: 034566543</td>
<td>07/14/16 Total Charges (from left side) $1609.00</td>
</tr>
<tr>
<td>07/14/16 70486-Hc-CT Scan, Maxillofacial Area, W/O Contra 1609.00</td>
<td>07/14/16 BCBS-Payment (A) 0.00</td>
</tr>
<tr>
<td>Diagnosis Code(s): 478.19</td>
<td>07/14/16 BCBS-Contractual Write-Off -799.53</td>
</tr>
<tr>
<td></td>
<td><strong>Patient Balance Due</strong> $809.47</td>
</tr>
<tr>
<td></td>
<td>(A) 1-Deductible Amount</td>
</tr>
</tbody>
</table>
Be patient. Slow down...
Login at messa.org to review your claims.
After logging in, you’ll be taken to your deductible summary page.
Here you can view your deductible progress.
Check the service date and provider and make sure the amount matches your bill.

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Service date</th>
<th>Billing provider</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>7/14/2016</td>
<td>GENERAL HOSPITAL</td>
<td>$809.47</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>7/14/2016</td>
<td>SMITH, MD</td>
<td>$130.56</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>7/2/2016</td>
<td>GENERAL HOSPITAL</td>
<td>$49.82</td>
</tr>
</tbody>
</table>
Excellent!
You have confirmed the amount you owe.
You’re ready to pay the bill.
Click “View your account” to go to your HSA.
Now you’re at your secure member portal at HealthEquity. To pay your bill, select “View Claims” under the “Claims & Payments” menu.
Find the claim you want to pay. Verify the amount. Click “Resolve.”
Select “Pay provider” to confirm payment from your HSA.
Select “Next.”

Make a Payment

Choose Account / Deductible Met / Payment Type / Expense Details / Payment Detail / Review

This payment will be made from your HSA

Qualified medical expenses from an HSA are those incurred by the following persons:
1. You and your spouse.
2. All dependents you claim on your tax return.
3. Any person you could have claimed as a dependent on your return except that:
   a. The person filed a joint return,
   b. The person had gross income of $3,850 or more, or
   c. You, or your spouse if filing jointly, could be claimed as a dependent on someone else’s return.

* This information is listed in IRS Publication 969. For more IRS definitions of qualified dependents please visit the IRS.gov website.

Please note that the definition of a dependent for your health insurance plan is different. Please contact your health insurance administrator for details.


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Review the information, then select “next”.

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Make a Payment

Choose Account / Deductible Met / Payment Type / Expense Details / Payment Detail / Review

Unpaid Amount

- Total Amount: $300.47
- Amount paid by insurance: $0.00
- Total previous payments from your account(s): $0.00
- Amount paid at time of service: $0.00
- Unpaid Amount ($0.00): $300.47

If these amounts do not match your records, you should verify the amounts with your provider before making a payment.

Make Payment to

Choose a Provider you have paid before

(Make a Selection)

OR

New Provider Name

General Hospital

Patient Account Number

D123456789

Address 1

PO Box 123

City

Anytown

State

MI

Zip

41234

We strongly recommend you verify the provider’s address.

Payment Amount

- Unpaid Amount: $300.47
- $0.00
- Other Amount
- Scheduled Payments

← Previous  Next →
Review the information, check the box at the bottom, then select “Finish”.

Please review and confirm the payee name, address and payment information below:

<table>
<thead>
<tr>
<th>Payee</th>
<th>Payee Name</th>
<th>Payee Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA</td>
<td>Jane Doe</td>
<td>P.O. Box 123</td>
</tr>
<tr>
<td>Payee</td>
<td>General Hospital</td>
<td>Anytown, MI</td>
</tr>
</tbody>
</table>

Record Keeping Information:

- Who was the expense for: Jane Doe
- Date the expense was incurred: 07/14/2016
- Account Number: D123456789

Payee's Address:

- Address: P.O. Box 123
- City: Anytown
- State: MI
- Zip: 41234

Payments:

- 09/16/2016: $800.47

This payment is scheduled to be sent via a virtual card. Based on your provider’s settings, payment may be issued via check.

I have reviewed the payment information above, including payee name and address, and I authorize HealthEquity to remove funds from my HSA to make the payments listed above.

Note: You will receive a copy of the payment in the mail. However, you can see the details of the payment on your account and if you have provided an email address, you will receive an email notification of this service.
You’ve done it!

- You’ve verified what insurance paid and what you owe toward your deductible at messa.org and on your EOB.
- You’ve paid the correct provider electronically from your secure member HSA at HealthEquity.
- You’ve got a permanent electronic record of your claims, what you owe, and what you have paid for tax purposes.