

How to file a Flexible Benefit Claim

You may file a claim with CompuSys/Erisa Group, Inc. using the following methods:

- You may mail a claim to CompuSys/Erisa Group, Inc. at:
13706 Research Blvd., Ste. 308 Austin, Texas 78750
- You may fax a claim to CompuSys/Erisa Group, Inc. at 1(512) 597-4697.
- You may send an email with your claim as an attachment to CompuSys/Erisa Group, Inc. at nmflex@cserisa.com. If you send your claim via email, please make sure you send it securely.
- To submit a claim online:
 - Log onto the nmflex.com website.
 - Click on My Account and either enter your Social Security Number, and date of birth or your Employee ID and Pin.
 - Click on Personal Information and enter all of your dependents if they are not already listed.
 - Click on Claims, look to the top left and click the "File a Claim" Button.
 - Fill in the dates of service, patient name, service provider, and amount of reimbursement for each itemized bill that you are providing.
 - Use the Browser button to upload your itemized bills.

Unless you submit your claim online, all claims must be submitted with a claim form. You may obtain claim forms from the State of New Mexico Flexible Benefit website, nmflex.com, under the "Forms" tab. If you are unsure if a specific item/procedure is eligible for reimbursement, please see the list of Eligible Expenses on the nmflex.com website. If the item/procedure in question is not listed, or if you need further clarification, please contact CompuSys/Erisa Group, Inc. at 800- 933-7472.

Claims are processed daily. Once your claim has been processed, you will receive a status update within 1-2 business days. To ensure the timely processing of your claim, please be sure that your claim includes the following information:

Information Necessary for Healthcare Reimbursement:

- Your Personal Identification Number.
- If you are submitting a claim for a dental expense or medical expense that is not covered by a co-pay, please be sure to include an itemized bill or Explanation of Benefits that states the patient name, the date of the visit, the provider of the service, cost of the service, and the insurance payment. Cash register and credit card receipts are not sufficient forms of documentation.
- Please indicate if the charge hasn't been submitted to insurance, and why.
- If submitting a prescription be sure to include prescription tags or an itemized bill from the pharmacy. Cash register and credit card receipts are not sufficient forms of documentation.
- If you are requesting reimbursement for over-the-counter medication, please be sure to include a prescription from a medical practitioner.

***Do not submit a claim for expenses you've used the debit card for. ***

Information Necessary for Dependent Care Reimbursement:

- A dependent care bill that states the dates of service, the service provider, the service provider tax id, and the amount charged.
- If you do not have an itemized bill from your Dependent Care Provider, have the provider fill out the Dependent Care Provider section in its entirety.
- If filing for dependent care, please include the date of birth for each child.

*Flexible Spending Debit Card:

- Expenses you've used the debit card for have already been paid, and aren't eligible for reimbursement.
- Submit the same documentation that you would if you were filing a claim with a copy of the letter/email sent to you requesting the documentation, or with your employee id.

Transportation Benefit Claims:

- Submit a copy of your receipt, billing statement or pass.

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