



Online Claim Submission Instructions

This guide will aid you in attaching and uploading a receipt when filing a claim on www.myRSC.com. PLEASE NOTE THIS SERVICE (ONLINE CLAIMS ENTRY) WILL ONLY BECOME AVAILABLE TO YOU **AFTER YOU FILE YOUR FIRST CLAIM BY STANDARD FILING METHODS**, (FAX, EMAIL OR SCANNING) TO BDS.

1. Go to www.bdsadmin.com, and scroll down until you see the **Benefits Login** and enter **Login ID** and **Password**.

The image shows a web form titled "Benefits Login". It has two input fields: "Login ID" and "Password". Below the "Password" field is a "LOGIN" button. To the right of the button are two links: "Register" and "Retrieve ID or Password".

2. Once logged in, click on the **Online Claims Entry** link or the icon on the right.

The screenshot shows the BDS website dashboard for a user named Daisy Jane Howard. The page has a blue header with the title "Daisy Jane's Weeding and Tilling Service" and links for "Change Personal Information", "Change Role", "Change Password", and "Logout". Below the header, there's a "Hello Daisy Jane" greeting and a "Welcome to your private website, YOUR Online Resource Service Center!" message. A sidebar on the left lists various links, with "Online Claims Entry" circled in red. A "Back to TPA site" button is also visible. The main content area lists several bullet points about benefit plans. On the right, a "Benefit Services" sidebar contains icons for "FAQs", "Online Claims Entry" (circled in red), "Calculators", and "View Your New Documents". The browser's address bar shows "Done" and the status bar shows "Internet" and "100%".

PA
4450 Lena Drive, Mechanicsburg, PA 17055
(P) 717.766.8844 (F) 855.289-2602
www.bdsadmin.com



3. Click Start New Claim Form

Benefits **Contacts**

Daisy Jane's Weeding and Tilling Service

Change Role | Change Password | Logout

You are logged in as Daisy Jane Howard ,
Employee for Daisy Jane's Weeding and Tilling Service (16951789)

Online Claims Entry

1 Start Your Claims Form
Click on the "Start New Claim Form" button to begin. You can also select previously created claims, if you have any, from the list below.

Start New Claim Form

Previous Claims Entered:

View: Last 30 Days

Form ID	Date Created	Date Printed	Total Claim Amount	Status	Re-Printed *	
36201	4/22/2012	4/22/2012	\$9.00	Printed	<input type="checkbox"/>	VIEW [PRINT] [DELETE]
62201	4/13/2012	4/13/2012	\$6,666.00	Submitted	<input type="checkbox"/>	VIEW [PENDING] [DELETE]
52201	4/13/2012	4/13/2012	\$5,555.00	Submitted	<input type="checkbox"/>	VIEW [PENDING] [DELETE]

4. Select the type of claim you wish to enter.

Benefits **Contacts**

Daisy Jane's Weeding and Tilling Service

Change Role | Change Password | Logout

You are logged in as Daisy Jane Howard ,
Employee for Daisy Jane's Weeding and Tilling Service (16951789)

Claim Form ID

2 Select Your Benefits Resource
Add an expense by selecting which benefit resource will fund the expense.

Participant: Daisy Jane Howard
118 Breckenridge Lane
Little Rock AR 72204

Date Created:
Date Printed:
Date Received:

Add an Expense
[Enter an FSA or HRA Medical Claim](#)
[Enter a Dependent Care Claim](#)
[Enter a Parking Claim](#)
[Enter a Transit Claim](#)

Claim Expense

Date Entered	Type	Receipt/EOB Number	Claimant	Relationship	Begin Service Date	End Service Date	Amount	Service	Provider
Claims: 0 Total: \$0.00									

After entering all your claims you must print the receipt cover sheet and fax it with your receipts to receive reimbursement.

Return to Claim Form List | Print the Receipt Cover Sheet

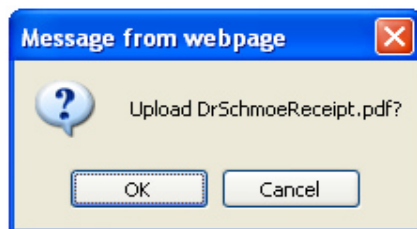
5. You may choose to **Submit Online** or **Fax**.

PA
4450 Lena Drive, Mechanicsburg, PA 17055
(P) 717.766.8844 (F) 855.289-2602
www.bdsadmin.com



6. Choosing to **Submit Online** allows you to upload the receipt in the form of a pdf document, bmp, gif, png, or jpg file.
 - If you choose to **Submit Online** you will not have to print and fax.
 - You can still choose to print and fax the forms by selecting the **Fax** option.
7. To upload the receipt, click browse, locate the pdf, bmp, gif, png, or jpg file.

8. Click **OK** when asked to verify the upload.



9. You can click the **View** link to view the file you uploaded and make sure it is readable.

PA
4450 Lena Drive, Mechanicsburg, PA 17055
(P) 717.766.8844 (F) 855.289-2602
www.bdsadmin.com



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?
☒ Submit Online
☐ Fax

Uploaded Receipts
DrSchmoeReceipt.pdf [View](#) [Delete](#)

Upload Receipt: [Browse...](#)

Receipt/EOB Number: 951357 [Have Questions?](#)
Claimant: Daisy Jane Howard [Have Questions?](#)
Date of Birth:
Relationship: Self [Have Questions?](#)
Service Dates: 3/23/2012 - 3/23/2012 [Have Questions?](#)

10. If offered by your TPA, you may see the option to **Pay Me** or **Pay the Provider**. If you select to pay the provider, then you must complete the **Provider Name**, **Provider Address**, **Provider City**, **Provider State**, and **Provider Zip** fields.

Enter a Claim

3 Enter All Required Fields
Enter all required fields, which are indicated in red with an *

Uploaded Receipts
DrSchmoeReceipt.pdf [View](#) [Delete](#)

Upload Receipt: [Browse...](#)

Claim

☐ Pay me ☒ Pay the Provider

Receipt/EOB Number: 951357 [Have Questions?](#)
Claimant: Daisy Jane Howard [Have Questions?](#)
Date of Birth:
Relationship: Self [Have Questions?](#)
Service Dates: 3/23/2012 - 3/23/2012 [Have Questions?](#)
Amount: 89.90 [Have Questions?](#)
Service/Expense: Medical Office Visit [Have Questions?](#)
Provider Name: Dr. Joe Schmoe [Have Questions?](#)
Provider Address: 123 Medical Lane

PA
4450 Lena Drive, Mechanicsburg, PA 17055
(P) 717.766.8844 (F) 855.289-2602
www.bdsadmin.com



11. Complete the claim fields and click **Save the Claim**. You cannot save unless you have attached a receipt, if you have selected **Submit Online**.
12. You can continue to enter claims and upload/ attach receipts until you click **Submit the Claim Form Online**.

Participant: Daisy Jane Howard
Daisy Jane Howard
Little Rock AR 72225

Date Created: 5/3/2012
Date Printed:
Date Received:

Add an Expense
[Enter an FSA or HRA Medical Claim](#)
[Enter a Dependent Care Claim](#)
[Enter a Parking Claim](#)
[Enter a Transit Claim](#)

Claim Expenses:

Date Entered	Type	Receipt/EOB Number	Claimant	Relationship	Begin Service Date	End Service Date	Amount	Service	Provider
5/3/2012	Medical	951357	Daisy Jane Howard	Self	3/23/2012	3/23/2012	\$89.90	Medical Office Visit	Dr. Joe Schmoe

Claims: 1 Total: **\$89.90**

After entering all your claims you must print the receipt cover sheet and fax it with your receipts to receive reimbursement.

[Save the Claim Form](#) [Submit the Claim Form Online](#)

You do not seem to have the Acrobat Reader® installed.
Adobe® Acrobat Reader® is required to print the receipt cover sheet. You can download the latest version of Acrobat Reader® here: <http://www.adobe.com/acrobat>

13. You will receive an email, if you have selected to receive emails, notifying you the claim has been received by you TPA.
14. After you click **Submit the Claim Form Online**, a pop up message will appear. Please note the circled portion of the message about requesting reimbursement from your FSA/HSA funds.

Message from webpage

I certify that the expenses for reimb. indicated on this substantiation form were incurred by me (and/or my sp and/or eligible dep(s), and were not reimb. by any other plan nor will I seek reimb. from any other source. To the best of my knowledge and belief, the expenses are eligible for reimb. under my Reimb. Plans. I (or we) will not use the expense reimb. through this account as ded. or credits when filing my (our) ind. income tax return.

Email authorization to your administrator to req reimb. from your FSA/HSA.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete, or misleading information may be guilty of a criminal act punishable under law.

Once you submit or print you will no longer be able to make changes. Are you sure that you want to proceed?

[OK](#) [Cancel](#)