



## Online Claim Submission Instructions

This guide will aid you in attaching and uploading a receipt when filing a claim on [www.myRSC.com](http://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](http://www.bdsadmin.com), and scroll down until you see the **Benefits Login** and enter **Login ID** and **Password**.

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

PA  
4450 Lena Drive, Mechanicsburg, PA 17055  
(P) 717.766.8844 (F) 855.289-2602  
[www.bdsadmin.com](http://www.bdsadmin.com)



3. Click Start New Claim Form

**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"/>	<a href="#">VIEW</a>	<a href="#">[PRINT]</a>	<a href="#">[DELETE]</a>
62201	4/13/2012	4/13/2012	\$6,666.00	Submitted	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PENDING]</a>	<a href="#">[DELETE]</a>
52201	4/13/2012	4/13/2012	\$5,555.00	Submitted	<input type="checkbox"/>	<a href="#">VIEW</a>	<a href="#">[PENDING]</a>	<a href="#">[DELETE]</a>

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

**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.

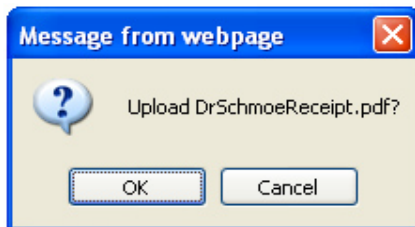
[Return to Claim Form List](#) [Print the Receipt Cover Sheet](#)

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



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.



**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.bsdadmin.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 Schmoie <a href="#">[EDIT]</a>

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.

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>

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.

