

WealthCare Portal Guide to Participant Card Disputes

Consumer Driven Health Plans

How to Dispute an Unauthorized Card Transaction

- Log into the WealthCare Portal at <u>https://medcom.wealthcareportal.com</u>, and access the transaction you want to dispute. You can do this by clicking on the transaction in the **My Recent Transactions** section of the **Home** page or by clicking the **Menu** icon in the upper-left corner and then clicking **My Transactions**.
- If the transaction is within 60 calendar days of the original transaction date, you will see a DISPUTE CHARGE button in the upper right corner of the transaction. Transactions older than 60 calendar days will not display the DISPUTE CHARGE button as it is ineligible to dispute.

| (\$28.00) | Flexible Spending Account Card Approved | Aug 30, 2023 | |
|-----------------|-----------------------------------------------|-------------------------|-------|
| Date Of Service | Aug 30, 2023 | RECEIPTS | PRINT |
| Description | CARD - POST | No receipts to display. | |
| Claimant | Michael Bradley | | |
| Account | Flexible Spending Account | | |
| Plan Start Date | Jan 1, 2023 | | |
| Plan End Date | Dec 31, 2023 | | |

3. After clicking on the **DISPUTE CHARGE** button, the DocuSign Card Dispute Form will open in a new browser tab. Click **CONTINUE**.

| Please Review & Act on These Documents | | | DocuSign |
|--------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| This guide is inte describes the provide More | ended for Cardholders who are seeking assist ocedures for how to dispute POS transaction | tance in disputing a Point-of-Sale is and includes the dispute form. | e ("POS") transaction. This guide If γou have questions about the |
| Please review the documents below. | | CONTINUE | OTHER ACTIONS + |
| | ("POS") transaction. This guide includes the dispute form. If yo your Administrator. | e describes the procedures for ho ou have questions about the pro | ow to dispute POS transactions an ocess or this guide, please conta |
| | > Cardholders: Unders | tanding the dispute proc | ess for POS transactions |
| | You, the Cardholder, can c completing the Cardholder D information, if necessary, and | lispute POS transactions ma ispute Form. Please complete any other required documentat | de using your benefit card t e this form and attach addition ion to send to your Administrato |
| | | | |

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4. After reading the first page of the form, you will see your information auto-populated on the second page. Fill out the required blank fields, attach any supporting documentation (ex: police report), and sign the form.

| DocuSign Envelope ID: 48BA7E9D-5FE1-4101-B2BD-4A85A8068FDC | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Cardholder Dispute Form Dispute number: | | | | |
| Cardholders: Complete this Dispute form and attach any additional information at the end of the form for transactions within 60 calendar days of purchase. | | | | |
| Cardholder Name: | | | | |
| Cardholder Address: 100Quentin | | | | |
| Cardholder Email: Phone # | | | | |
| Employer Company Name: FBA Test Company | | | | |
| Administrator Company Name (listed on card or ask your Human Resources): | | | | |
| Merchant/Store name: CARD - POST | | | | |
| Transaction amount: 28.00 Transaction Date (MMDDYY): 08/30/2023 | | | | |
| Was a police report filed? (YES/NO) If so, please attach. Were you or anyone authorized by you engaged in the transaction? (Yes/NO) Other: Please explain on the lines below or provide a letter with additional explanation. | | | | |
| Please use the attachment tool (left) to attach any additional documentation to be reviewed with this completed form. (optional) | | | | |
| Optional Under penalty of perjury, I declare that the foregoing is true and correct. | | | | |
| Benefit card number: X X - X X X X | | | | |
| Cardholder Signature: | | | | |
| I acknowledge completing this form will not deactivate my card or reissue a new card. | | | | |
| Denied transactions and "Auth Only" Transactions are ineligible for dispute. | | | | |
| FORMADISP-2016-10 If you have more than 5 transactions to dispute, please contact your Administrator prior to submitting a dispute form. | | | | |
| | | | | |

- 5. After completing the form, click FINISH in either the upper right corner or bottom of the screen. A copy of the completed form will be emailed to you.
- 6. The completed form will also be sent to the WealthCare Account Services team, who will process this (if all required information is provided and valid).

Note: If you have more than 5 unauthorized transactions, please contact Medcom as soon as possible.

Contact Us: (800) 523-7542, option 1 MedcomReceipts@medcombenefits.com www.medcombenefits.com

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