For first time registration, search for "**Zenith Flex**" in the app store.

## Look for the app in the image shown here



For clients with debit cards (which is the majority) use the following instructions:

- 1. Registration ID: Select Card Number from the dropdown
- 2. Card Number: Member HRA Card Number
- 3. Your ID: Member Social Security Number

For clients that do not have debit cards, register with these instructions:

- 1. Registration ID: Select Employer Name from the dropdown
- 2. Employer Name: Enter "Name of Employer" (obtain from CDHP team)
- 3. Your ID: Member Social Security Number

Once the registration process is completed, upon logging in, click on "submit claim"



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## Substantiate HRA/FSA Claims Using "Zenith Flex" Mobile App

Enter dates of service, patient name, provider, account number of the invoice (if applicable), service category, claim amount, then click "Next".

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$\leftarrow$	Add Claim	≡		
En Service Start Date		June 25, 2020 🗸		
End Date		None $\checkmark$		
O_ Claimant		~		
🕞 Provider				
Account Number				
🖺 * Service Category (	Code	Contact Lenses $\checkmark$		
() * Claim Amount		\$0.00		
Comments				
NEXT				

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## Substantiate HRA/FSA Claims Using "Zenith Flex" Mobile App

Attach the itemized receipt now or validate at a later time.



## Substantiate HRA/FSA Claims Using "Zenith Flex" Mobile App

To attach the itemized receipt, click "add receipt".



Continue following the prompts to your phone photo gallery or snap a photo with your camera.

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$\leftarrow$	Add Claim	
	Attach Claim Receipt	
Add Receipt		
	PREVIOUS	
	Take photo	
	Choose from Gallery	
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$\leftarrow$	Preview	≡		
\$2.00				
Transaction Date		June 25, 2020		
Service Start Date		June 25, 2020		
Reimbursement M	ethod	Direct Deposit		
Service Category C	Code	Contact Lenses		
O_ Claimant				
By choosing <b>Submit</b> , you agree to the conditions for (i)				
SUBMIT				