

How to submit it in FEMS

1. Click on the claims tab on the FEMS dashboard and then on submit a claim button.

Dashboard Ac	stivities Claims Portfolios Finance - Reporting -
Dashboard > Claims	
Claims	
Submit a Claim Subm	it an Expense
Claim Number - Claim	ant - Engagement Activity - T Physician Society/MSA - Submitted - Activity Date - Status - More - Clear All Filters
Fill out the rea	wired fields and coloct the next button
NOTF: if you d	o not see the correct activity in the list, please contact FFMS support.
NOTE. II you u	o not see the concet activity in the list, please contact relivis support.
	CLAIM DETAILS
	* Claimant
	rading, Engagement
	* You participated in Engagement Activity or Sub-Activity
	You participated in Engagement Activity or Sub-Activity Select an Engagement Activity
	* You participated in Engagement Activity or Sub-Activity — Select an Engagement Activity — * Date of Activity
	* You participated in Engagement Activity or Sub-Activity — Select an Engagement Activity — * Date of Activity Claims must be submitted within 90 days of the activity date.
	* You participated in Engagement Activity or Sub-Activity Select an Engagement Activity * Date of Activity Claims must be submitted within 90 days of the activity date.
	* You participated in Engagement Activity or Sub-Activity Select an Engagement Activity * Date of Activity Claims must be submitted within 90 days of the activity date.
	* You participated in Engagement Activity or Sub-Activity Select an Engagement Activity * Date of Activity Claims must be submitted within 90 days of the activity date. TIME
	* You participated in Engagement Activity or Sub-Activity Select an Engagement Activity * Date of Activity Claims must be submitted within 90 days of the activity date. TIME * Hours Quantity
	 Young, Engagement You participated in Engagement Activity or Sub-Activity Select an Engagement Activity Date of Activity Claims must be submitted within 90 days of the activity date. TIME Hours Quantity 15 min increments (le for 2 hours 30 min, enter '2.5')
	 You participated in Engagement Activity or Sub-Activity Select an Engagement Activity — Date of Activity Claims must be submitted within 90 days of the activity date. TIME Hours Quantity 15 min increments (le for 2 hours 30 min, enter '2.5') Description (optional)
	 You participated in Engagement Activity or Sub-Activity Select an Engagement Activity — Select an Engagement Activity — Date of Activity Date of Activity Claims must be submitted within 90 days of the activity date. TIME Hours Quantity 15 min increments (le for 2 hours 30 min, enter '2.5') Description (optional)
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	 You participated in Engagement Activity or Sub-Activity Select an Engagement Activity — Bate of Activity Time Hours Quantity 15 min increments (ie for 2 hours 30 min, enter '2.5) Description (optional)



Time		Expenses		Review	
EXPENSES If P	submitting for exper ease "Skip Expenses Skip Expenses >	nses only, please s " if there are none	elect the exper	nse type, amount,	and attach a receipt.
* Expense/Mileage					
Select an Exp	ense Type or Mileag	Je — 🔻	Remove Ex	pense	
* Total Amount (incl.	taxes)				
\$ 0.00					
Amount Claimed \$ 0.00					
Amount Claimed \$ 0.00				< Back	Save Draft
Amount Claimed \$ 0.00				< Back	Save Draft
Amount Claimed \$ 0.00				< Back	Save Draft
Amount Claimed \$ 0.00 Next>	o submit an ex	pense <u>only</u> cla	aim, please	< Back Use the subr	Save Draft Add Expense
Amount Claimed \$ 0.00 Next> TE: If you wish to ns main page.	o submit an ex	pense <u>only</u> cla	aim, please	< Back	Save Draft Add Expense
Amount Claimed \$ 0.00 Next> TE: If you wish to ns main page.	o submit an ex	pense <u>only</u> cla	aim, please	< Back	Save Draft Add Expense
Amount Claimed \$ 0.00 Next> 'E: If you wish to ns main page.	o submit an ex	pense <u>only</u> cla	aim, please	< Back	Save Draft Add Expense
Amount Claimed \$ 0.00 Next> TE: If you wish to ns main page.	o submit an exp	pense <u>only</u> cla	aim, please	< Back	Save Draft Add Expense

Author: Sarah Racicot



4.	Review t	the	claim	for	accuracy	and	then	select	the	submit	button.
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Sub-Activity EHR Jan 2024	k.
Claimant	
Date of Activity Mar. 04, 2024	
Types of work	
Hours for today 1.00 hour(s)	
Rate \$171.05/hour	
Subtotal \$171.05	
Status Draft	Edit
CLAIM TOTALS	
Tax \$0.00	
Claim Total \$171.05	