



## Envision Healthcare 2015 FSA/HRA Claims Schedule

MONTH	SUBMISSION DEADLINE	CLAIMS PAYMENT NOTICE (by Email)	PAYMENT DATE
January	January 07, Wednesday	January 09, Friday	January 15, Thursday
	January 22, Thursday	January 24, Saturday	January 30, Friday
February	February 05, Thursday	February 07, Saturday	February 13, Friday
	February 19, Thursday	February 21, Saturday	February 27, Friday
March	March 05, Thursday	March 07, Saturday	March 13, Friday
	March 23, Monday	March 25, Wednesday	March 31, Tuesday
April	April 07, Tuesday	April 09, Thursday	April 15, Wednesday
	April 22, Wednesday	April 24, Friday	April 30, Thursday
May	May 07, Thursday	May 09, Saturday	May 15, Friday
	May 20, Wednesday	May 22, Friday	May 29, Friday
June	June 05, Friday	June 09, Tuesday	June 15, Monday
	June 22, Monday	June 24, Wednesday	June 30, Tuesday
July	July 07, Tuesday	July 09, Thursday	July 15, Wednesday
	July 23, Thursday	July 25, Saturday	July 31, Friday
August	August 06, Thursday	August 08, Saturday	August 14, Friday
	August 21, Friday	August 25, Tuesday	August 31, Monday
September	September 04, Friday	September 09, Wednesday	September 15, Tuesday
	September 22, Tuesday	September 24, Thursday	September 30, Wednesday
October	October 07, Wednesday	October 09, Friday	October 15, Thursday
	October 22, Thursday	October 24, Saturday	October 30, Friday
November	November 05, Thursday	November 07, Saturday	November 13, Friday
	November 18, Wednesday	November 20, Friday	November 30, Monday
December	December 07, Monday	December 09, Wednesday	December 15, Tuesday
	December 21, Monday	December 23, Wednesday	December 31, Thursday

Envision Healthcare, Inc.

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