



Envision Healthcare 2017 FSA/HRA Claims Schedule

MONTH	SUBMISSION DEADLINE	CLAIMS PAYMENT NOTICE (by Email)	PAYMENT DATE
January	January 06, Friday	January 10, Tuesday	January 13, Friday
	January 24, Tuesday	January 26, Thursday	January 31, Tuesday
February	February 08, Wednesday	February 10, Friday	February 15, Wednesday
	February 21, Tuesday	February 23, Thursday	February 28, Tuesday
March	March 08, Wednesday	March 10, Friday	March 15, Wednesday
	March 24, Friday	March 28, Tuesday	March 31, Friday
April	April 07, Friday	April 11, Tuesday	April 14, Friday
	April 21, Friday	April 25, Tuesday	April 28, Friday
May	May 08, Monday	May 10, Wednesday	May 15, Monday
	May 23, Tuesday	May 25, Thursday	May 31, Wednesday
June	June 08, Thursday	June 10, Saturday	June 15, Thursday
	June 23, Friday	June 27, Tuesday	June 30, Friday
July	July 07, Friday	July 11, Tuesday	July 14, Friday
	July 24, Monday	July 26, Wednesday	July 31, Monday
August	August 08, Tuesday	August 10, Thursday	August 15, Tuesday
	August 24, Thursday	August 26, Saturday	August 31, Thursday
September	September 08, Friday	September 12, Tuesday	September 15, Friday
	September 22, Friday	September 26, Tuesday	September 29, Friday
October	October 06, Friday	October 10, Tuesday	October 13, Friday
	October 24, Tuesday	October 26, Thursday	October 31, Tuesday
November	November 08, Wednesday	November 10, Friday	November 15, Wednesday
	November 21, Tuesday	November 23, Thursday	November 30, Thursday
December	December 08, Friday	December 12, Tuesday	December 15, Friday
	December 21, Thursday	December 23, Saturday	December 29, Friday

Envision Healthcare, Inc.

P.O.Box 5047, Oak Brook, IL 60522 | Tel: 1-866-672-7526 | Fax: 1-800-596-3464 | Email: info@envisionhealthcare.com | www.envisionhealthcare.com