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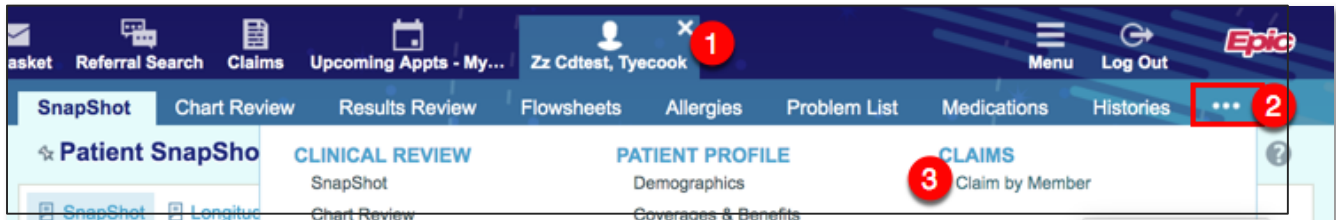
Searching for and Viewing Claims

Providers can view AP Claims for specific patients. Providers can view different types of information about their patients' AP Claims, such as claim number, service date, date that the claim was received, status of the claim, and detailed report concerning the claim. Claims are viewed by:

- Claim by Member
- Claim Search by Provider, Vendor or Claim ID

View Claim by Member

1. Select a **Patient**.
2. Click the more menu in the patient chart.
3. Click **Claims by Member**.



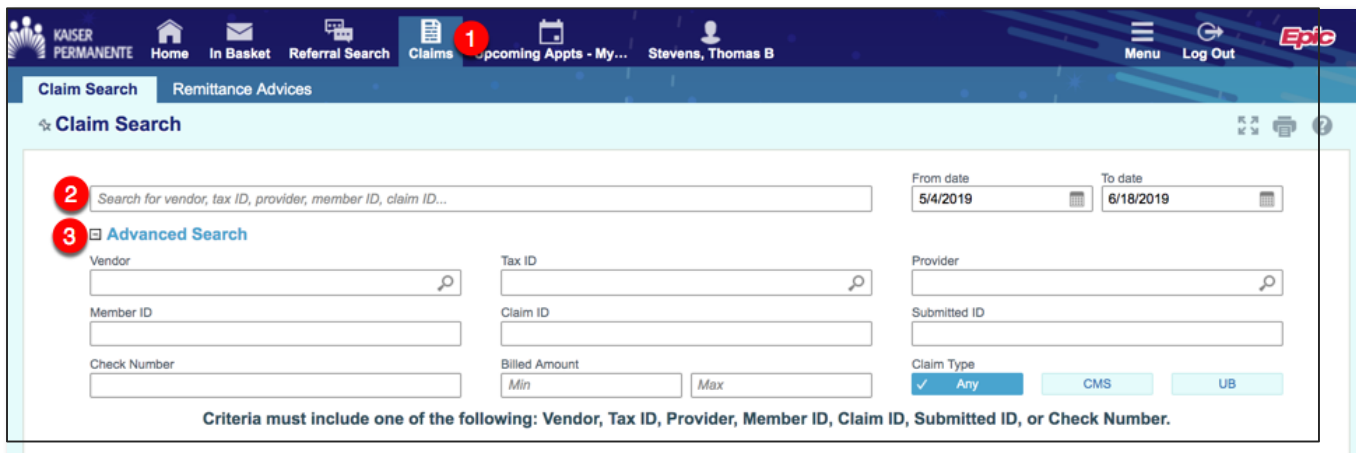
4. All claims for that member will be listed by Provider. If there are multiple providers, select the provider from the dropdown menu.
5. Click the column headers to sort claims by by:
 - Claim number
 - Service date
 - Claim received date
 - Claim status

The screenshot shows the 'Claims Inquiry' table. At the top, there is a dropdown menu for 'Select a Provider:' with 'Cynthia E (Md) Kelmenson [10504387]' selected. A red circle '4' highlights this dropdown. The table has four columns: 'Claim #', 'Svc Frm Dt', 'Clm Rcv Dt', and 'Status'. A red circle '5' highlights the 'Status' column header. The table contains three rows of data, all with a status of 'Approved'.

Claim #	Svc Frm Dt	Clm Rcv Dt	Status
24403101	05/13/2019	05/27/2019	Approved
24186772	05/08/2019	05/16/2019	Approved
23609700	04/04/2019	04/24/2019	Approved

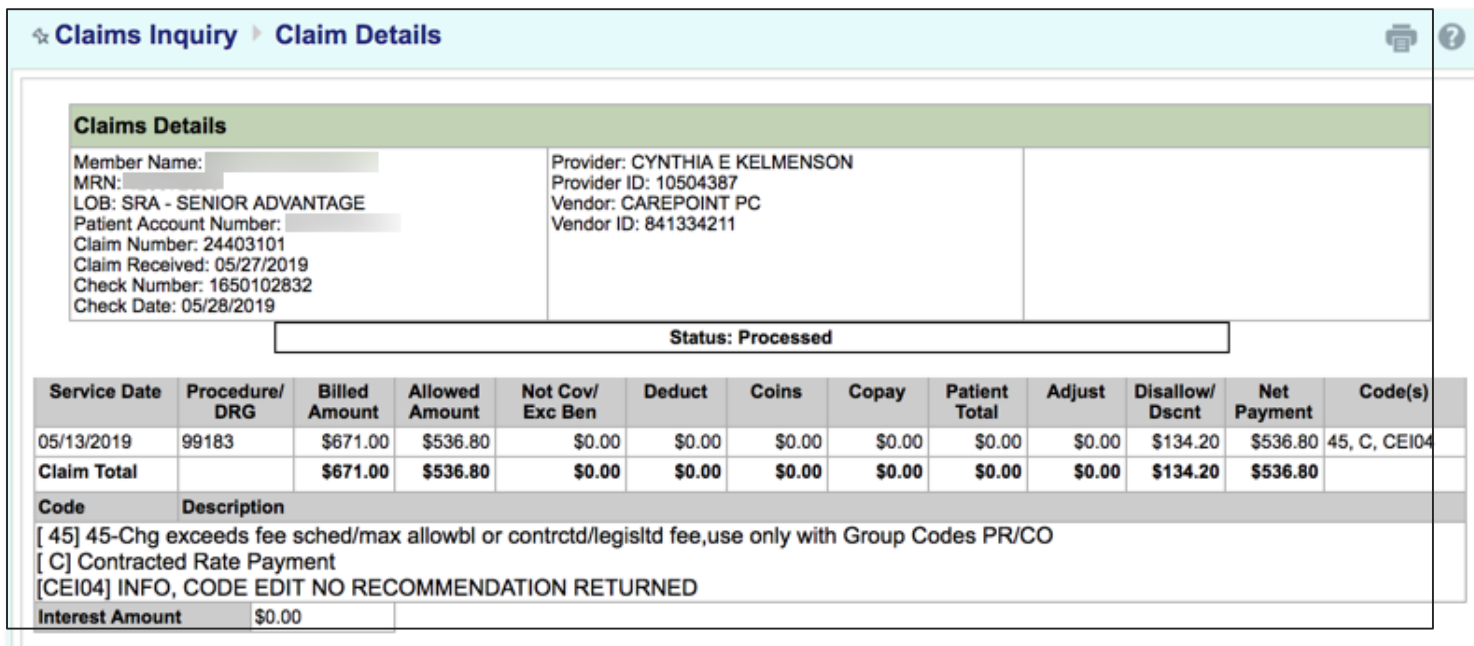
View Claim Search

1. Click the **Claims** tab on the top toolbar.
2. Search by Vendor, tax ID, Provider, Member ID or Claim ID.
3. Or expand the **Advanced Search** options to enter specific criteria for your search.



Claim Details

Following is an example of a claim detail.



Claims Details

Member Name: [REDACTED] Provider: CYNTHIA E KELMENSEN
 MRN: [REDACTED] Provider ID: 10504387
 LOB: SRA - SENIOR ADVANTAGE Vendor: CAREPOINT PC
 Patient Account Number: [REDACTED] Vendor ID: 841334211
 Claim Number: 24403101
 Claim Received: 05/27/2019
 Check Number: 1650102832
 Check Date: 05/28/2019

Status: Processed

Service Date	Procedure/ DRG	Billed Amount	Allowed Amount	Not Cov/ Exc Ben	Deduct	Coins	Copay	Patient Total	Adjust	Disallow/ Dscnt	Net Payment	Code(s)
05/13/2019	99183	\$671.00	\$536.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.20	\$536.80	45, C, CEI04
Claim Total		\$671.00	\$536.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.20	\$536.80	

Code Description

[45] 45-Chg exceeds fee sched/max allowbl or contractd/legisltd fee,use only with Group Codes PR/CO
 [C] Contracted Rate Payment
 [CEI04] INFO, CODE EDIT NO RECOMMENDATION RETURNED

Interest Amount \$0.00

Help and Contact Information

For help using an activity, click the question mark on the upper right of the webpage.

For help with passwords or unable to log in, contact your provider representative at **1-866-866-3951**.