

Friday, April 04, 2008

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Login

User ID:

Password:

[Forgot
Password?](#)

New User? [Click here to sign-up](#)





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My Profile

Information provided in this section will be saved to the Provider Profile.

*=required fields

When you are done changing your user information please hit the Save button to save your changes.

<p>I am a: *</p> <p>Company Name: *</p> <p>Company Tax ID: *</p> <p>Last Name: *</p> <p>First Name: *</p> <p>Middle Initial:</p> <p>Name Suffix (MD, PHD, etc):</p> <p>Provider #: * (is your Tax ID, this is required for security purposes)</p>	<p>Address Line 1: *</p> <p>Address Line 2:</p> <p>City: *</p> <p>State/Province: *</p> <p>Zip: *</p> <p>Contact Email: *</p> <p>Re-type Email to confirm: *</p> <p>Contact Phone: * (format: xxx-xxx-xxxx)</p> <p>Contact Phone Extension:</p> <p>Contact Fax: * (format: xxx-xxxx)</p> <p>Accept electronic Explanation of Benefits (EOB's):</p> <p>Receive paid claim notification:</p>	<p>Suffix:</p> <p>Yes No</p> <p>Yes No</p>
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Save





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Lookup Patient

Patient
Lookup

Providers have access to do a "Patient Lookup" by any of the three (3) options listed below.

Searching: Patients

Choose a Payer, then choose one of the **THREE (3)** search options below.

Choose Payer:

Enter a Member ID and click Search By ID.

Member ID (from the ID card):

[Search By ID](#)

Or, enter an SSN and click Search By SSN.

Card holder's SSN:

[Search By SSN](#)

Or, enter a Member Last Name and DOB and click Search By Name.

First Name (Optional):

Last Name:

Date of Birth:

(format: mm/dd/yyyy)

[Search By Name](#)





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Submit Claims

Please refer to this tab in order to upload claims as an 837 file. You would follow the instructions below, then upload.

Showing: Upload 837

Choose a Payer and then locate the 837 file with the Browse button. Click the Upload button when ready to submit the file.

Choose Payer:

837 File:

