

Innovative

Management Systems

Claim Submission, Search, and Responding
to Request for Additional Documentation

- To Submit claims through the Portal, select the “Claims” Module and then the “Provider – Claim Submission Sub Module on the Left.
- Enter as much information as possible to locate the member under your care.
- The fillable fields are the Member ID, First and Last Names and Date of Birth (DOB).
- The Drop-down menus include information for the Health Plan they belong to and the IPA.

The screenshot displays the 'Provider - Direct Submission' interface. At the top, three callout boxes identify the 'Member ID/Other ID:', 'Last Name:', and 'First Name:' input fields. Below these, the main form contains fields for 'Member ID/Other ID', 'HP' (Health Plan), 'Last Name', 'DOB' (Date of Birth), 'First Name', and 'Company'. A 'Site Number' field is also present. The 'HP' and 'Company' fields are shown as open dropdown menus with options like 'None Selected', 'BRAND NEW DAY', 'test', and 'IMSMSO'. A 'Search' button and a 'Clear All' button are located at the bottom right of the form. A note at the bottom right states: 'Note: The Members in red font are...'. On the left side, a navigation menu is shown with 'Claims' highlighted in orange, and 'Provider - Claim Submission' and 'Claims Search/Status' listed below it. A callout box at the bottom left provides a larger view of this navigation menu.

- Upon initiating a Search, the Results containing matching members under a Provider's care will be displayed.
- The Provider may: Submit a claim, see additional information on the member in the case of similar results, and upload a Continuity of Care Document to a member.

Provider - Direct Submission Back

Member ID/Other ID: Last Name: First Name:

Site Num: DOB: Company:

Member ID	Name	Date of Birth(Age)	HP Code/Name	RAF	PCP Name	HP Effective From	HP Effective To	Phone	Company	Secondary ID	Other ID	Site Info
<input type="button" value="Submit Claim"/> 123456A	DOE	01-01-1990 (30.100)	BNDS BRAND NEW DAY		WALKER SKY	09-01-2019		3105555555	IMSMSO			<input type="button" value="Upload CCD (CCD)"/>
<input type="button" value="Submit Claim"/> 12346546549	DOE JANE	01-01-1970 (50.100)	BNDS BRAND NEW DAY	F	SPARROW JACK	01-02-2020		5555555555	IMSMSO			<input type="button" value="Upload CCD (CCD)"/>

Note: The Members in red font are inactive. [Additional Details](#)

CCD Data: Upload Please upload

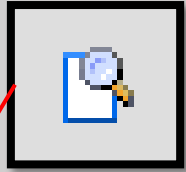
*Member:

CCD Data: Upload File Paste XML Data

*Upload File: No file selected.

[Max file size 256M]

- This pop-up screen will be displayed upon clicking the Additional Information button from the previous screen.



Member Details ?

Member ID: 12346546549 **Name:** Doe, Jane **Gender:** Female **Health Plan:** Brand New Day **Other Coverage:** No
DOB: 01-01-1970 **Age:** 50.100 yrs **LOB:** MEDICARE **Language:** **Primary Address:** 6119 E Washington Blvd Ste 201, Commerce, CA, 90040
📞 5555555555 📠 5555555555

Benefit Code Details				PCP Details			
Benefit Code	Emp Group	Benefit From	Benefit To	ID	Name Organization	From Date To Date	Contact Details
024		01-02-2020		4589745630	SPARROW JACK JACK SPARROW DOCTORS SERVICE	01-01-2020	6119 E WASHINGTON BLVD STE 201, COMMERCE, CA, 900402452 📞 3237391130

Benefit Code - 024 (DUAL...) -MOOP (From: 01-01-2020 To: 12-31-2020)									
Benefit Level	Member Deductible		Subscriber Deductible		Member MOOP		Subscriber MOOP		
	Limit	Accum	Limit	Accum	Limit	Accum	Limit	Accum	
In-N/W	Limits not configured.				\$6700.00	\$0.00	-	\$0.00	
Out-N/W	Limits not configured.				-	\$0.00	-	\$0.00	
Combined	Limits not configured.				-	\$0.00	-	\$0.00	

Service Limits									
Benefit Tracking Code Description	Benefits Being Tracked	Total No Of Quantity/Admissions Allowed	Total No Of Quantity/Admissions Utilized	Total No Of Visits Utilized	Accumulation Type	Maximum Dollar Amount Allowed	Dollar Amount Utilized	Based On	
3 ACUPUNCTURE VISIT	ACUPUNCTURE SERVICES, ACUPUNCTURE SERVICES (OTHER)	24	0	0	Per Qty	\$0.00	\$0.00	Net Amount	
8 ALCOHOL MISUSE COUNSELING	ALCOHOL MISUSE COUNSELING	4	0	0	Per Day	\$0.00	\$0.00	Net Amount	
7 ALCOHOL MISUSE SCREENING	ALCOHOL MISUSE SCREENING	1	0	0	Per Qty	\$0.00	\$0.00	Net Amount	
36 ANNUAL WELLNESS VISIT - PER 12 MONTHS	ANNUAL WELLNESS VISIT - INITIAL VISITS	1	0	0	Per Day	\$0.00	\$0.00	Net Amount	
+ 18 BONE MASS MEASUREMENTS PER 24 MONTHS	BONE MASS MEASUREMENTS, BONE MASS MEASUREMENTS - Z09	1	3	0	Per Day	\$0.00	\$86.52	Net Amount	
+ 21	CARDIOVASCULAR DISEASE	1	1	0	Per Day	\$0.00	\$8.19	Net	

Selected DOM's MOOP (From: 01-01-2020 To: 12-31-2020)									
DOM Level	Member Deductible		Subscriber Deductible		Member MOOP		Subscriber MOOP		
	Limit	Accum	Limit	Accum	Limit	Accum	Limit	Accum	
In-N/W	Limits not configured.				Limits not configured.				
Out-N/W	Limits not configured.				Limits not configured.				
Combined	Limits not configured.				Limits not configured.				

Copay/Coinsurance

Site Details

Other IDs Details

Non Compliant Quality Measures

- The Claim Submission button will present this screen.

Claim Submission

Submit Claim

Back

Save Save & Add for Same Member

Company ID: IMSMSO Authorization #:

(Fields marked with the asterisk * are mandatory.)

Member Information

ID: 12346546549 Name: DOE JANE
 DOB: 01-01-1970 Sex: F
 Health Plan: BRAND NEW DAY

Provider Information

Provider ID:
 Select Provider: SPARROW JACK
 Name: SPARROW JACK Specialty: FAMILY MEDICINE
 Organization: 999999999 - JACK SPARROW DOCTORS SERVICE Provider Type: DEFAULT
 Phone: Fax: 3237391130

Referring Provider Information

Referring Provider ID: Name:

Billing Address

Name: JACK SPARROW DOCTORS SERVICE
 Address Line 1: 1234 TEST ADDRESS
 Address Line 2:
 City: CITY OF INDUSTRY State: CA Zip: 901245
 NPI: 777777777 Tax ID: 99-9999999

Service Facility Address

Name:
 Address Line 1: 6119 E WASHINGTON BLVD STE 201 !
 Address Line 2:
 City: COMMERCE State: CA Zip: 900402452
 NPI: 9743761360 Other ID:

Pay-to-Address

Same as Billing Address
 Address Line 1: 555 1ST ST !
 Address Line 2:
 City: LOS ANGELES State: CA Zip: 90001

Additional Information

Provider Claim / Patient Account #: Patient Paid Amount: Purchase Service Amount:

Claim Details

POS: 11 - OFFICE
 Admission Date: MM-DD-YYYY Discharge Date: MM-DD-YYYY

Diagnosis

* Diagnosis Code: (Only 12 distinct diagnosis codes are allowed.)

Diag. Reference	Diag. Code	Diag. Description
No diagnosis codes added.		

Services Requested Selected date will be used as Service From and Service To dates for all service lines. Yellow fields are mandatory.

Service Date-Time	Service Code	NDC Code - Qty- Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	Notes
From: MM-DD-YYYY 00:00	<input type="text"/>	11-digit 5-4-2 <input type="text"/> NDC Code <input type="text"/>	Modif. 1 Modif. 2	Ref. 1 Ref. 2	1 Unit	<input type="text"/>	<input type="text"/> <input type="button" value="Add"/>
To: MM-DD-YYYY 00:00	<input type="text"/>	1 Unit	Modif. 3 Modif. 4	Ref. 3 Ref. 4	Billed Amount	<input type="text"/>	

Clinical indications for request
 (include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)

Documents

➤ Use the highlighted drop-down menus to select the appropriate Organization (1), Provider (2), and Specialty (3).

The screenshot shows a 'Claim Submission' form with several sections and highlighted drop-down menus:

- Organization (1):** A drop-down menu showing '999999999 - JACK SPARROW DOCTORS SERVICE' selected.
- Provider (2):** A drop-down menu showing 'SPARROW JACK' selected.
- Specialty (3):** A drop-down menu showing 'FAMILY MEDICINE' selected.

Other form fields include:

- Company ID: IMSMSO
- Member Information: ID: 12346546549, Name: DOE JANE, Sex: F, Health Plan: BRAND N
- Referring Provider Information: Referring Provider ID, Name
- Service Facility Address: Name, Address Line 1: 6119 E WASHINGTON BLVD STE 201, City: COMMERCE, State: CA, Zip: 900402452
- Pay-to-Address: Same as Billing Address, Address Line 1: 555 1ST ST, City: LOS ANGELES, State: CA, Zip: 90001
- Claim Details: POS: 11 - OFFICE, Admission Date, Discharge Date
- Diagnosis: * Diagnosis Code, Add (Only 12 distinct diagnosis codes are allowed.)
- Services Requested: MM-DD-YYYY, Selected date will be used as Service From and Service To dates for all service lines. Yellow fields are mandatory.
- Table with columns: Service Date-Time, Service Code, NDC Code - Qty- Unit Type, Modifiers, Diag. Ref., Qty - Billed, Other Insurance, Notes.
- Clinical indications for request: (include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)
- Documents: File

- To enter Authorization information, click in the field and type the authorization number.
- Or if the Authorization needs to be searched, click on the magnifying glass to the right of the “Authorization #.”

Authorization #: 

Authorization Search - Mozilla Firefox
https://quickcap.imsmsso.com:8090/IMSMSO/SearchAuthorization.aspx?enc=0zv4KBT72wt+X3d+s74F6BBTWMxQ7di6Z37UCS7: ...

Authorization Search

Member ID: **Last Name:** **First Name:**
Member SSN: **DOB:** **Auth No:**
Request/Receive Date From: **Request/Receive Date To:** **Health Plan:**
Auth. Date From: **Auth. Date To:** **Place of Service:**
Requesting / Requesting To physician ID: **Status:** **Priority:**
CPT Code: **Diag Code:** **Company:**

Authorization Details

No Authorization Details Found.

- Enter as much of the information as possible and click the search button.
- The results will be displayed below.

The screenshot shows a web browser window titled "Authorization Search - Mozilla Firefox". The address bar contains the URL: <https://quickcap.imsms.com:8090/IMSMSO/SearchAuthorization.aspx?enc=0zV4KBT72wt+X3d+s74F6BBTWMxQ7di6Z37UCS7>. The page title is "Authorization Search".

The search criteria form includes the following fields:

- Member ID: 12346546549
- Last Name: DOE
- First Name: JANE
- Member SSN: (empty)
- DOB: (calendar icon)
- Auth No: (empty)
- Request/Receive Date From: (calendar icon)
- Request/Receive Date To: (calendar icon)
- Health Plan: None Selected
- Auth. Date From: (calendar icon)
- Auth. Date To: (calendar icon)
- Place of Service: None Selected
- Requesting / Requesting To physician ID: (empty)
- Status: All
- Priority: All
- CPT Code: (empty)
- Diag Code: (empty)
- Company: IMSMSO

Buttons for "Search" and "Clear All" are located at the bottom right of the form. A red box highlights the "Search" button, and a red arrow points from it to the first row of the results table below.

Authorization Details

Auth. No.	Status/Reason	Request/Receive Date	Authorization Date	Expiration Date	Retro Date	Places Of Service	Member	Provider	Request Provider	Net Amount	Records	CCS	Company
20200207T8800002 Show Claims Info	APPROVED	02-07-2020	02-07-2020	05-06-2020		11 OFFICE	12346546549 DOE, JANE	4589745631 WALKER SKY (DEFAULT) GENERAL PRACTICE	4589745631 WALKER SKY 999999999 JACK SPARROW DOCTORS SERVICE (DEFAULT) GENERAL PRACTICE	\$206.89			IMSMSO

Below the main table is a detailed table for the selected record:

Service Code	Description	Modifier	Diagnosis	Financial Resp.	Adjust Descr.	Qty	Net	Adjust
31535	LARYNGOSCOPY W/BIOPSY		J01.0-ACUTE RHEUMATIC PERICARDITIS	IPA		1	\$206.89	\$0.00

➤ To see more of the Authorization Details, click on the icon shown below.

Authorization Search - Mozilla Firefox

https://quickcap.imsmsso.com:8090/IMSMSO/Sea

Authorization Search

Member ID:

Member SSN:

Request/Receive Date From:

Auth. Date From:

Requesting / Requesting To physician ID:

CPT Code:

Auth. No	Reason	Request/Receive Date	Auth. Date
20200207T8800002	APPROVED	02-07-2020	02-07-2020

[Show Claims Info](#)

Service Code	Description	Modifier	Di
31535	LARYNGOSCOPY W/BIOPSY		i0

Authorization Details

[Authorization Letter](#)
[Member Authorization Letter](#)
[Notification](#)
[Show Claims Info](#)

Request Type: Medication Other

Authorization No: 20200207T8800002

Status: APPROVED

Created By: TEST ADMIN 1 Created DateTime: 02-07-2020 11:43:27

Service is: ROUTINE * Place of Service: 11 - OFFICE * Requested/Received Date: 02-07-2020 Time: 11:43:27

Service Category: Payment Status: OPEN

Service Request Date: Time: Valid From/Action Date: 02-07-2020 Time: 11:43:26 Valid To/Auth Expiration Date: 05-06-2020 Time: 11:43:27 Valid For: 90 Day(s).

Final Decision Made: 02-07-2020 15:45:15

Written Notification To Member: NA Written Notification To Provider: 02-07-2020 15:45:34 Written Notification To Referring To Physician: NA

Oral Notification To Member: NA Oral Notification To Provider: NA Oral Notification To Referring To Physician: NA

Member Details

Company: IMSMSO

* HP Member ID: 12346546549 Member Name: DOE JANE DOB: 01-01-1970 Age: 50.108 Sex: F

HP Effective Date: 01-01-2020 PCP Effective Date: 01-01-2020 Health Plan: BRAND NEW DAY

Guardian Name: Language: Cell/Phone Number:

Member Address: 6119 E Washington Blvd ste 201,,commerce,CA PCP Name: SPARROW JACK PCP Fax: 3237391130

PCP ID: 4589745630 MR#: PCP Approved? Yes No Unknown [View CCD](#)

Requesting Provider Information

*Requesting Provider: 4589745631 Name: WALKER SKY

Specialty: GENERAL PRACTICE

Requesting Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452

Phone: Fax:

Referring To Provider Information

Referring To Specialty: GENERAL PRACTICE

Referring To Provider: 4589745631 Name: WALKER SKY

Referring To Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452

Phone: Fax:

Notes: Non Preferred Provider

Facility Provider Information

Facility: Name:

- When the Authorization is found, click on the Authorization number to add to the claim.

The screenshot shows a web application interface for adding an authorization to a claim. The interface is divided into several sections:

- Search Bar:** A search bar at the top right contains the text "Authorization #: 20200207T8800002" with a magnifying glass icon to its right. A red box highlights this search bar, and a red arrow points from it to the "Authorization #" field in the "Referring Provider Information" section.
- Buttons:** On the left side, there is a button labeled "Show Claims Info" with a magnifying glass icon. Above it, there are two buttons: "Save" and "Save & Add for Same Member".
- Form Fields:**
 - Provider Information:** Fields for "Provider ID" (4589745631), "Select Provider" (WALKER SKY), "Name" (WALKER SKY), "Organization" (999999999 - JACK SPARROW DOCTORS SERVICE), "Phone" (5555555555), "Specialty" (GENERAL PRACTICE), "Provider Type" (DEFAULT), and "Fax" (3237391130).
 - Referring Provider Information:** Fields for "Referring Provider ID" (4589745631), "Name" (WALKER SKY), and "Name" (DEFAULT). A red box highlights the "Authorization #: 20200207T8800002" field in this section.
 - Service Facility Address:** Fields for "Name", "Address Line 1" (6119 E WASHINGTON BLVD STE 201), "Address Line 2", "City" (COMMERCE), "State" (CA), "Zip" (900402452), "NPI" (9743761378), and "Other ID".
 - Pay-to-Address:** Fields for "Same as Billing Address" (checkbox), "Address Line 1" (555 1ST ST), "Address Line 2", "City" (LOS ANGELES), "State" (CA), and "Zip" (90001).
 - Additional Information:** Fields for "Provider Claim / Patient Account #", "Patient Paid Amount", and "Purchase Service Amount".
 - Claim Details:** Fields for "POS" (11 - OFFICE), "Admission Date" (MM-DD-YYYY), and "Discharge Date" (MM-DD-YYYY).
 - Diagnosis:** A field for "Diagnosis Code" with a magnifying glass icon and an "Add" button. A note below states "(Only 12 distinct diagnosis codes are allowed.)".

- Enter the Billing, Service Facility, and Pay-to Addresses.
- If the Pay-to-Address is the same as the Billing Address, clicking the box will Auto-populate the information.
- Please be sure to verify the Tax ID for the Billing Provider.

The screenshot shows a medical billing form with several sections highlighted by red boxes and arrows:

- Billing Address (Top Left):** Name: JACK SPARROW DOCTORS SERVICE; Address Line 1: 1234 TEST ADDRESS; Address Line 2: ; City: CITY OF INDUSTR; State: CA; Zip: 901245; NPI: 777777777; Tax ID: 99-9999999.
- Pay-to-Address (Top Right):** Same as Billing Address; Address Line 1: 555 1ST ST; Address Line 2: ; City: LOS ANGELES; State: CA; Zip: 90001.
- Service Facility Address (Middle):** Name: ; Address Line 1: 6119 E WASHINGTON BLVD STE 201; Address Line 2: ; City: COMMERCE; State: CA; Zip: 900402452; NPI: 9743761360; Other ID: .
- Billing Address (Bottom Left):** Identical to the top-left section.
- Pay-to-Address (Bottom Right):** Same as Billing Address; Address Line 1: 555 1ST ST; Address Line 2: ; City: LOS ANGELES; State: CA; Zip: 90001.
- Service Facility Address (Bottom Center):** Identical to the middle section.

Other visible form elements include:

- Buttons: Save, Save & Add for Same Member
- Text: (Fields marked with the asterisk * are mandatory.)
- Section: Provider Information
- Fields: Name: SPARROW JACK, Organization: 999999999 - JACK SPARROW DOCTORS SERVICE, Specialty: , Provider Type: , Phone: , Fax: 3237391130
- Section: Additional Information
- Fields: Provider Claim / Patient Account #: , Patient Paid Amount: , Purchase Service Amount: , POS: 11 - OFFICE, Admission Date: MM-DD-YYYY, Discharge Date: MM-DD-YYYY
- Section: Claim Details
- Section: Diagnosis
- Section: Services Requested
- Section: Service Date-Time
- Section: Clinical indications for request
- Section: Documents

- If there is no authorization, or if additional information needs to be placed on the claim fill in the blanks as needed.
- If a diagnosis needs to be added, type it directly in to the Diagnosis Code box, or press the magnification icon to begin the search process.
- Click the “Add” button to add the selected diagnosis to the claim.
- Repeat this process until all appropriate diagnosis have been added to the claim.

The screenshot displays a medical claims management interface with the following sections:

- Member Information:** ID: 12346546549, Name: DOE JANE, Sex: F, Health Plan: BRAND NEW DAY.
- Provider Information:** Provider ID: 4589745631, Select Provider: WALKER SKY, Organization: 999999999 - JACK SPARROW, Phone: 555555555.
- Billing Address:** Name: JACK SPARROW DOCTORS SERVICE, Address Line 1: 1234 TEST ADDRESS, City: CITY OF INDUSTRI, State: CA, Zip: 901245.
- Additional Information:** Provider Claim / Patient Account #, Patient Paid Amount, Purchase Service Amount.
- Diagnosis Section:**
 - A search box for "Diagnosis Code" with a magnification icon.
 - A table with columns: Diag. Reference, Diag. Code, Diag. Description.
 - A dropdown menu for "Diagnosis Code" showing "I10" and a search icon.
 - A tooltip for "I10 - ESSENTIAL PRIMARY HYPERTENSION".
 - An "Add" button next to the search box.
- Claim Details:** POS: 11 - OFFICE, Admission Date.
- Attachments:** File upload section with a "Browse..." button and a note: "(Please upload .doc, .docx, .xls, .xlsx, .pptx, .xps, .psd, .htm, .pdf, .tiff, .rtf and text documents only.)"

Red arrows and boxes highlight the search process: one arrow points from the search box to the search results table, another points from the search box to the "Add" button, and a third points from the "Add" button to the "Add" button in the table.

- If all services take place on the same day, type in the date using the topmost “Services Request” date section.
- Separately, the date may be selected using the pop-up date selector.
- The dates in the “To” and From” for all Service Codes on the claim will all automatically have this date.
- Each line can still manually be adjusted by clicking on it and entering a new date, or using the menu.

The image illustrates the date selection process in a software interface. It shows a main window with a 'Services Requested' section. A date format 'MM-DD-YYYY' is highlighted in a box. A calendar pop-up is shown, displaying the month of February 2020, with the 11th selected. A zoomed-in view of the 'Services Requested' section shows the 'From' and 'To' date fields both populated with '02-01-2020'.

Services Requested MM-DD-YYYY Selected date will be used as Service From and Service To dates for all service lines.

Service Date-Time	Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance
From: MM-DD-YYYY 00:00	Code	Modif. 1 Modif. 2	1 Ref. 2	1 Unit	
To: MM-DD-YYYY 00:00		Modif. 3 Modif. 4	Ref. 3 Ref. 4	Billed Amount	

Services Requested 02-01-2020

Service Date-Time

From: 02-01-2020 00:00

To: 02-01-2020 00:00

- To add Service Codes, click the box and enter it directly.
- Alternatively, click on the magnifying glass and use the search function.
- If using the search function, click on the yellow text to select the appropriate Service Code.

The screenshot illustrates the process of adding a service code. In the main interface, the 'Service Code' field is highlighted in yellow. A magnifying glass icon is visible next to it. A dropdown menu is open, showing a list of service codes starting with '992'. The first option is '99200 - UNLISTED SERVICE & PROCEDURES'. Below it are '99201 - OFFICE/OUTPATIENT VISIT NEW' and '99202 - OFFICE/OUTPATIENT VISIT NEW'. A red arrow points from the magnifying glass icon to the search function in the dropdown menu.

The 'Service Search' window shows the following results:

Service Code	Description	Medium Description	Long Description
99200 (P)	UNLISTED SERVICE & PROCEDURES	UNLISTED SERVICE & PROCEDURES	UNLISTED SERVICE & PROCEDURES
99201 (P)	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 10 MINUTES	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202 (P)	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 20 MINUTES	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203 (P)	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 30 MINUTES	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

- To add an NDC Code, use the drop down to select the type.
- Then, either enter the code directly in to the “NDC Code” box, or use the magnifying glass to begin searching for the correct code.
- Be sure to enter the correct Quantity and the correct unit type if needed. The default is “Unit.”

The screenshot displays a software interface for adding an NDC code. The main form has several fields: "Service Date-Time" (From: 02-01-2020 00:00, To: 02-01-2020 00:00), "Service Code" (99203), "NDC Code - Qty- Unit Type" (11-digit 5-4-2, NDC Code, 1, Unit), "Modifiers" (Modif. 1, Modif. 2), "Diag. Ref." (1, Ref. 2), "Qty - Billed" (1, Unit), and "Other Insurance".

Two dropdown menus are shown: one for "NDC Code" type (options: 11-digit 5-4-2, 11-digit 5-4-2, 10-digit 4-4-2, 10-digit 5-3-2, 10-digit 5-4-1) and one for "Unit" (options: Unit, Milliliter, Milligram, Gram, International Unit).

A search window is open, showing a search for "d" with the following results:

11 - Digit Code	Description	Major Ingredient	Start Marketing Date	End Marketing Date
00074382611	Depakote (Divalproex Sodium) TABLET, EXTENDED RELEASE ORAL 10 BLISTER PACK in 1 CARTON (0074-3826-11) > 10 TABLET, EXTENDED RELEASE in 1 BLISTER PACK		08/04/2000	
00074382613	Depakote (Divalproex Sodium) TABLET, EXTENDED RELEASE ORAL 100 TABLET, EXTENDED RELEASE in 1 BOTTLE (0074-3826-13)		08/04/2000	
00074426501	DOPAMINE 80 MG/ML VIAL		02/12/1983	
00074426618	DOPAMINE 80 MG/ML SYRINGE		10/26/1995	
00074471902	DRUM-CARTRIDGE CATHETER		01/01/1982	05/27/2009
00074479702	DOUBLE-NEEDLE TRANSF DEVICE		01/01/1982	
00074490222	DEXTROSE 50%-WATER ABBOJECT		08/24/1995	07/19/2011
00074490223	DEXTROSE 50%/WATER ABBOJECT		04/30/1992	
00074490234	DEXTROSE 50%/WATER ABBOJECT		08/24/1995	
00074564125	DEXTROSE 10%-WATER IV SOLUTION		01/01/1982	07/19/2011
00074568113	Depakene (Valproic Acid) CAPSULE, LIQUID FILLED ORAL 100 CAPSULE, LIQUID FILLED in 1 BOTTLE (0074-5681-13)		02/28/1978	10/11/2019
00074568216	Depakene (Valproic Acid) SOLUTION ORAL 473 mL in 1 BOTTLE (0074-5682-16)		02/28/1978	07/17/2019
00074581916	DOPAMINE 40 MG/ML SYRINGE		08/24/1995	

At the bottom of the search window, there is a pagination bar with numbers 1 through 10 and an ellipsis.

- To add Modifiers, click in the “Modif. 1” box and begin typing.
- A pop-up menu will appear and narrow down the options the entry is made.
- Repeat as needed until all modifiers are entered.

The screenshot displays a software interface for adding modifiers. A table with columns 'Modifiers', 'Diag. Ref.', 'Qty - Billed', and 'Other Insurance' is visible. The 'Modifiers' column contains the letter 't', which is highlighted with a red box. A red arrow points from this box to a dropdown menu that lists various modifier codes and their descriptions. The dropdown menu is currently open, showing a list of options starting with '23 - Unusual Anesthesia' and ending with '51 - Multiple Procedures'. The 't' in the table is also highlighted with a blue box, and the dropdown menu is also highlighted with a blue box.

Modifiers	Diag. Ref.	Qty - Billed	Other Insurance
t	1	1	
23 - Unusual Anesthesia			
24 - Unrelated Evaluation and Manag			

- t
- 23 - Unusual Anesthesia
- 24 - Unrelated Evaluation and Manag
- 25 - Significant, Separately Identi
- 26 - Professional Component
- 27 - Multiple outpatient Hospital e
- 32 - Mandated Services
- 33 - Preventive Services
- 47 - Anesthesia by Surgeon
- 50 - Bilateral Procedure
- 51 - Multiple Procedures

- Use the Diagnosis Pointer, “Diag. Ref.” to indicate which diagnosis the service is for.
- Repeat this process for all services.

Modifiers	Diag. Ref.	Qty - Billed	Other Insurance
Modif. 2	<input type="text" value="1"/>	1	
Modif. 4	Ref. 3	<input type="text" value="Billed Amount"/>	

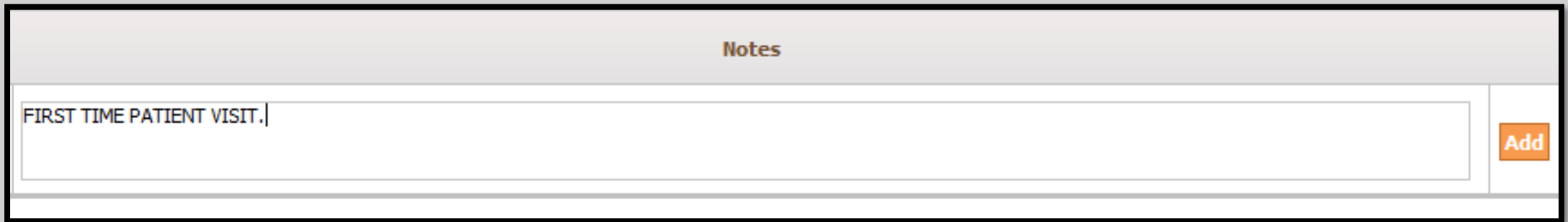
- Enter the Quantity, select the unit type from the drop-down, and add the billed amount for the Service Code.
- Repeat this process for all Service Codes.

Diag. Ref.	Qty - Billed	Other Insurance
1	1	
Ref. 2	Unit	
Ref. 3	Billed Amount	
Ref. 4		

1	Unit
Billed Amount	Units
	Minutes
	Miles

1	Unit
200	

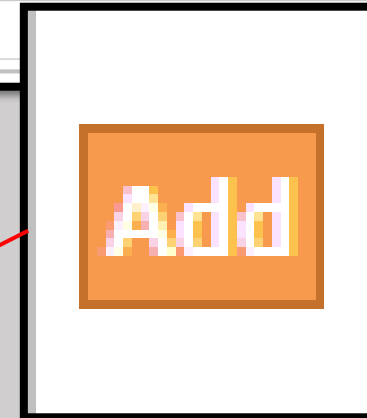
- Each Service Code can also contain note for additional information.
- Please note this is for informational purposes. This field is not a replacement for medical records or any other required form of documentation.



The image shows a screenshot of a software interface with a header labeled "Notes". Below the header is a large text input field containing the text "FIRST TIME PATIENT VISIT." followed by a cursor. To the right of the input field is an orange "Add" button.

- Click the “Add” button to confirm the Service Code.
- Repeat the steps until all Services are attached to the claim.
- A section will be added to show all items and the Total Billed Amount.

Date-Time	Service Code	NDC Code - Qty- Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	Notes
2020 00:00	99203	11-digit 5-4-2 NDC Code	Modif. 1 Modif. 2	1 Ref. 2	1 Unit		FIRST TIME PATIENT VISIT.
2020 00:00	OFFICE/OUTPATI ...	1.00 Unit	Modif. 3 Modif. 4	Ref. 3 Ref. 4	200		



1.	From: 02-01-2020 00:00 To: 02-01-2020 00:00	99203 - OFFICE/OUTPATIENT VISIT NEW	NDC Code: Quantity: Unit Type:	1	Qty: 1 Type: Units Billed: \$200.00	0	FIRST TIME PATIENT VISIT.	✕
Totals:					Billed: \$200.00			

- Clinical information can be typed directly in to the dialog box seen below.

The image shows a composite screenshot of a software interface. At the top, a dialog box titled "Clinical indications for request" contains a text area with the instruction "(include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)". Below this, a "Documents" section features an "Attachments:" label, a "File" dropdown menu, and a "Browse..." button highlighted with a red box. The text "No file selected." and a list of supported file formats are displayed. A red arrow points from the "Browse..." button to a file explorer window. The file explorer shows the "Documents" folder with a file named "SAMPLE DOCUMENT" selected. The file explorer also shows a search bar and "Open" and "Cancel" buttons.

Clinical indications for request
(include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)

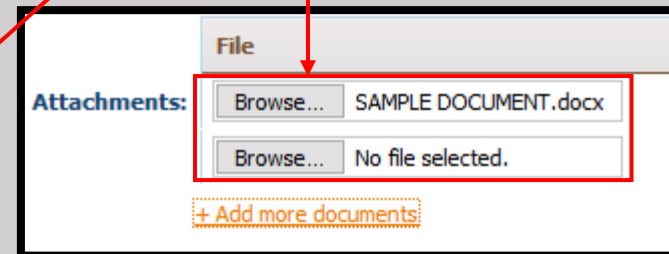
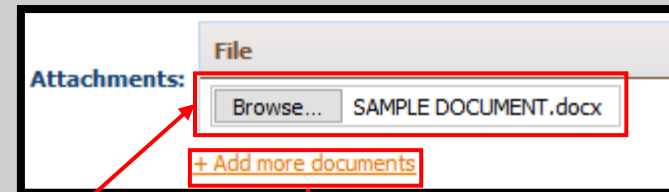
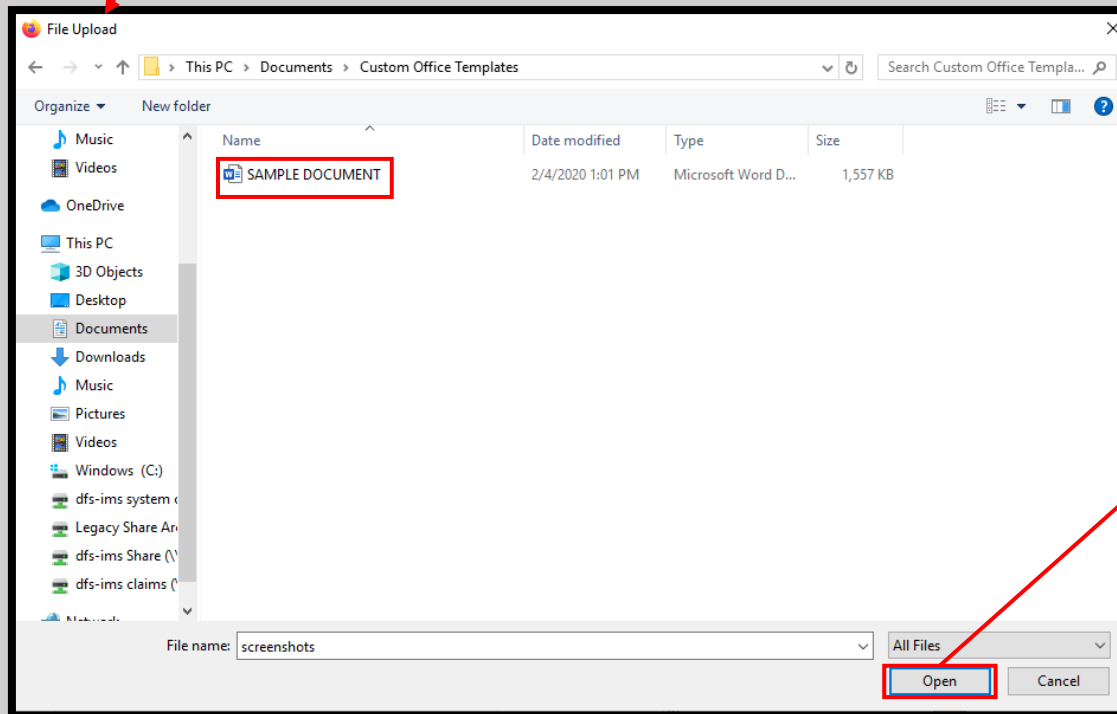
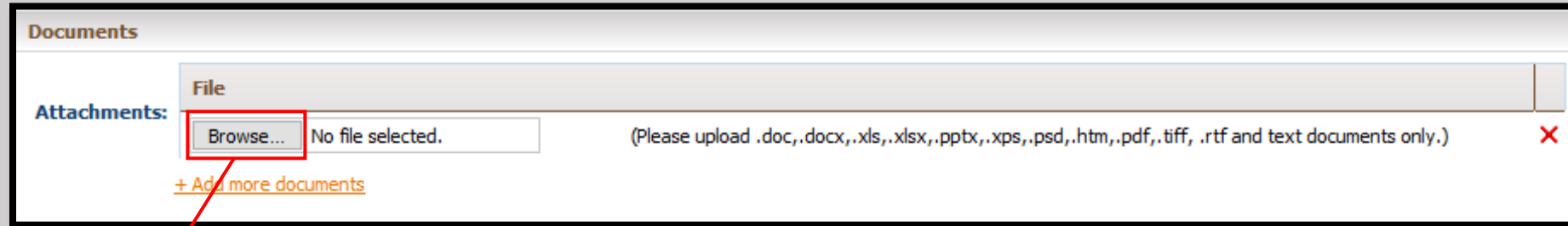
Documents

Attachments: File (Please upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf and text documents only.)

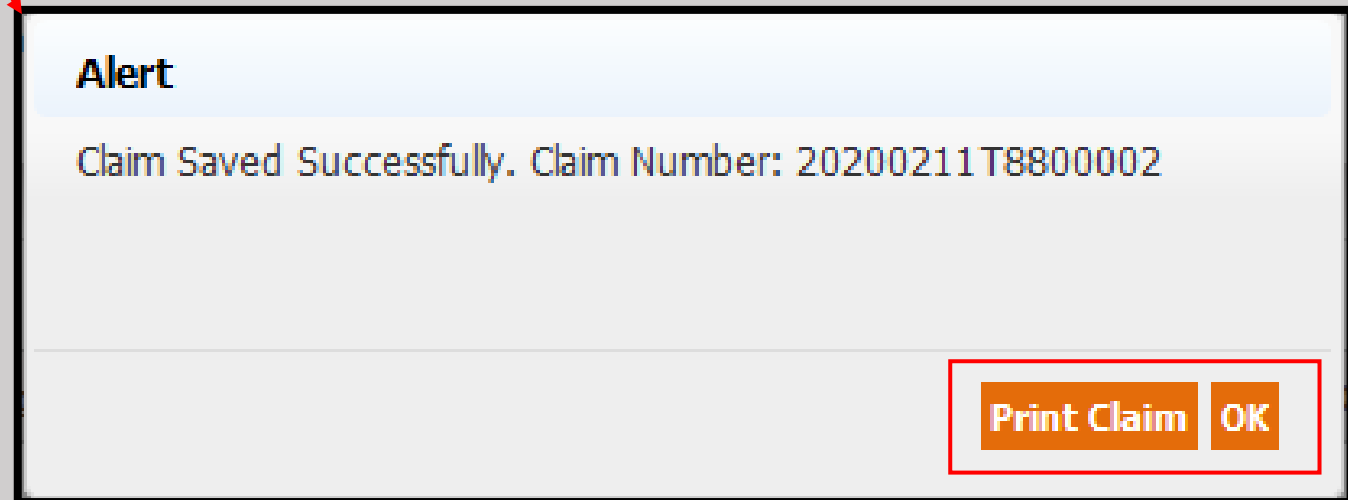
[+ Add more documents](#)

Name	Date modified	Type	Size
SAMPLE DOCUMENT	2/4/2020 1:01 PM	Microsoft Word D...	1,557 KB

- Documents can also be attached using the Documents section.
- Click on the “Browse” button and point the system to the file. See below for the allowable file formats.
- The Document will show once selected.
- Click the “Add more documents” in order to continue with additional documents.



- Verify that all information has been entered correctly.
- Press “Save” to complete the process or “Save & Add for Same Member” if there is another claim to be entered.
- A confirmation will be displayed with the auto-generated claim number.
- If a copy needs to be saved, click Print Claim. Otherwise click the OK button to finalize the process with this claim.



- To monitor claims currently in the system, Select the “Claims Search/Status” submodule from the Claims module.
- Use the dialog boxes to narrow down the search results.
- Any magnifying glass can be clicked on to open a sub menu to find more accurate search terms. The Member Search sub menu is shown as an example.
- Press the button Claim Search to see the results.

Claims

Provider - Claim Submission

Claims Search/Status

Member Search

Member ID/Other ID:

HP:

Employer Group Code:

Last Name:

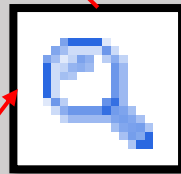
DOB:

Company:

First Name:

Gender:

Site Number:



Claims Search

Search Claim No.

Claim # From: To:

Authorization No.:

Provider Claim/Patient Account #:

Search Member

Member ID:

Company:

Optional Additional Details

Provider ID:

Organization ID:

Service Code:

Check No.:

Date of Service From:

To:

Date Received:

Show Claims: Paid Pending Both

Diag Code:

Billed Amount:

Date Paid:

Group By:

Show Document Requested Claims

Notes:** All blue text is clickable, N/A = Not Applicable

Claim Search

- The total records found will be displayed in the top right of the screen.
- Claims can be clicked for more information.

Notes:** All blue text is clickable, N/A = Not Applicable

Total Records: 8 First Previous 1 Next Last

Notes:** All blue text is clickable, N/A = Not Applicable

Total Records: 8 First Previous 1 Next Last

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Organization	Rendering Provider	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outcome		
20200204T3300002	02-04-2020	02-04-2020		11 OFFICE	100000003 GOODMAN JANE	4589745631 WALKER SKY	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$0.00	N/A	IMSMSO	HOME		
Service Date		ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status
02-04-2020		99202 OFFICE/OUTPATIENT VISIT NEW		M48.47XA	IPA				1.00	100.00	0.00	0.00	0.00	0.00	0.00	IN-PROCESS
Reminder Line 1			Reminder Line 2			Reminder Line 3			Reminder Line 4							
Print CMS 1500 Upload Document																
20200211T8800002	02-11-2020	02-04-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$400.00	\$0.00	N/A	IMSMSO	HOME		
Service Date		ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status
02-04-2020		99565 HOME INFUS, PROTEINASE INHIB		I10	IPA				1.00	400.00	0.00	0.00	0.00	0.00	0.00	IN-PROCESS
Print CMS 1500 Upload Document																
20200210T8800001	02-10-2020	02-01-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$119.87	N/A	IMSMSO	HOME		

➤ Once clicked, a pop-up will show the status of the claim and the details.

Claim Details

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Orga
20200204T3300002	02-04-2020	02-04-2020		11 OFFICE	100000003 GOODMAN JANE	4589745631 WALKER SKY	99999 JACK S SERVI

Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.
02-04-2020	99202 OFFICE/OUTPATIENT VISIT NEW		M48.47XA	IPA	
Reminder Line 1			Reminder Line 2		

[Print CMS 1500](#) [Upload Document](#)

Organization	Payee	Billed Amount	Contract Amount	Total Copay	Total Deductible	Total Coinsurance	Net Amount	Outcome	Company								
20200204T3300002	02-04-2020	02-04-2020	Show +/- 6 Mth Auths	11 OFFICE	100000003 GOODMAN JANE	4589745631 WALKER SKY (DEFAULT) GENERAL PRACTICE	999999999 JACK SPARROW DOCTORS SERVICE	Organization	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	HOME	IMSMO

Service Date	Service Code	Revenue Code	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Deductible	Adjust	Net	Status
02-04-2020	99202 OFFICE/OUTPATIENT VISIT NEW	*		M48.47XA	IPA				1.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	IN-PROCESS
Reminder Line 1			Reminder Line 2			Reminder Line 3			Reminder Line 4							

[Print CMS 1500](#)

Health Plan Details

Health Plan	Effective From Date	Effective To Date	Other Coverage?	Resp. Code	Policy #	Provider	Name	Effective From Date	Effective To Date
BRAND NEW DAY	02-01-2019		No			4589745630	SPARROW JACK	02-01-2019	

PCP History

Health Plan	Effective From Date	Effective To Date	Other Coverage?	Resp. Code	Policy #	Provider	Name	Effective From Date	Effective To Date
BRAND NEW DAY	02-01-2019		No			4589745630	SPARROW JACK	02-01-2019	

Notes: N/A = Not Applicable.

- Once the status has changed to “PROCESSED” any payments will also be displayed.
- A copy of the EOB can then also be obtained.

Claim No.	Service Date	Received Date	Auth. No.	Place of Service	Member	Provider	Organization	Payee	Billed Amount	Contract Amount	Total Copay	Total Deductible	Total Coinsurance	Net Amount	Outcome	Company
20200129T3300003	01-10-2020	01-20-2020	Show +/- 6 Mth Auths	11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK (DEFAULT) SERVICE	999999999 JACK SPARROW DOCTORS SERVICE	Organization	\$150.00	\$93.84	\$0.00	\$0.00	\$0.00	93.84	HOME	IMMSO
Service Date	Service Code	Revenue Code	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Deductible	Adjust	Net	Status
01-10-2020	99497 ADVNCD CARE PLAN 30 MIN	*	33	R05	IPA		02-10-2020	6	1.00	\$150.00	\$93.84	\$0.00	\$0.00	\$0.00	93.84	PROCESSED
Reminder Line 1		Reminder Line 2				Reminder Line 3				Reminder Line 4						
Check Total Amount: 268.80																
Show EOB Print CMS 1500																

(323) 407-8131
EXPLANATION OF BENEFITS

Jack Sparrow Doctors Service
555 1st St,
Los Angeles, CA 90001

Vendor ID: 999999999
Tax ID: 99-9999999
Check #: 6
Amount: 268.80
Date Paid: 02/10/2020

Claim #: 20200129T3300003
Member Name: Doe Jane

Provider: 4589745630 SPARROW JACK
Member ID: 12346546549 Health Plan: BNDS - BRAND NEW DAY

P.O.S.:
Patient Number:
Auth #:

Date of Service	From	To	Services	Qty	Billed	Allwbl	Co-Ins	Copay	Adjust	W/Held	Net	Payment Code
	01/10/2020	01/10/2020	99497	1	150.00	93.84	0.00	0.00	0.00	0.00	93.84	

Memo:

Total for claim #: 20200129T3300003	150.00	93.84	0.00	0.00	0.00	0.00	0.00	93.84	Interest: 0.00	Paid: 93.84
Total for all claims:								Net: 93.84	Interest: 0.00	Paid: 93.84

- If additional documentation is required to properly adjudicate a claim, a system email with an attachment will be delivered to the email provided.
- Below is a sample of the email attachment.
- Note it will include the Claim Number, Member name, Date of Birth, the documentation required, and service information.

02/14/2020

Claim #: 20200210T8800001

Member Name: DOE JANE

D.O.B.: 01/01/1970

Dear JACK SPARROW,

Re have received your claim on 02/10/2020. Upon review Innovative Management Systems, Inc. has determined we require additional documentation to properly adjudicate. Please reply to this letter with the below requested information.

Medical Records for:

Date of Service: 02/01/2020 - Service Information: 99203
- OFFICE/OUTPATIENT VISIT NEW - 1.00

➤ Log in to the Portal using your credentials.

MedVision
Advanced Healthcare Administration solutions

Defining a new standard in
Advanced Healthcare Administration Solutions

IMS
Change Company

Username
testadmin1

Password
.....

Remember me on this computer?

First time users, [click here](#)
[I can't access my account](#)

LOGIN

If you are unable to login,
Please contact us at
gcsupport@quickcap.net
Or (323) 739-1130

- Select the “Claims Search/Status” sub-module from the Claims module.
- In the “Search Claim No.” box type or paste in the claim from the email.
- Click the “Upload Document” button.

Claims

- Provider - Claim Submission
- Claims Search/Status**

Claims Search

Search Claim No. **Claim # From: 20200210T8800001** To: _____ Authorization No.: _____ Provider Claim/Patient Account #: _____

Search Member Member ID: _____ Company: None Selected

Optional Additional Details

Provider ID: _____ Organization ID: _____ Diag Code: _____

Service Code: _____ Check No.: _____ Billed Amount: <= _____

Date of Service From: _____ To: _____ Date Paid: _____

Date Received: _____ Show Claims: Paid Pending Both Group By: None

Outcome: = (Equal To) ALL 1 - HOME CN - Chart Note 2 - HOSPITAL

Claim Search Report Eligibility Discrepancy Clear All

Notes:** All blue text is clickable, N/A = Not Applicable

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Organization	Rendering Provider	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outcome		
20200210T8800001	02-10-2020	02-01-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$119.87		N/A IMSMSO	HOME		
	Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status
	02-01-2020	99203		I10	IPA				1.00	100.00	119.87	0.00	0.00	0.00	0.00	ADDITIONAL INFORMATION
	Reminder Line 1		Reminder Line 2													

Print CMS 1500 Upload Document

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member
20200210T8800001	02-10-2020	02-01-2020		11 OFFICE	12346546549 DOE JANE
	Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.
	02-01-2020	99203		OFFICE/OUTPATIENT VISIT NEW	IPA
	Reminder Line 1				

Print CMS 1500 Upload Document

Upload Document

- Alternatively, you can search for the claim using other search criteria. In this example, the Provider and Organization ID information (1).
- Note the claim number is the same as the previous page (2), and that the status states the claim is awaiting “ADDITIONAL DOCUMENTATION” (3).
- Proceed by clicking the Upload Document Button (4).

Provider ID: 4589745630 SPARROW JACK

Organization ID: 999999999 JACK SPARROW DOCTORS

Organization ID: 999999999 JACK SPARROW DOCTORS

Claim Search Report Eligibility Discrepancy Clear All

Claim No.	Place Of Service	Member	Provider	Organization	Rendering Provider	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outc
20200210T8800001	11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$400.00	\$0.00	N/A	IMSMO	HOME
20200210T8800001	11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$119.87	N/A	IMSMO	HOME

Print CMS 1500 Upload Document

Print CMS 1500 Upload Document

Upload Document

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

- A pop-up window will display the information shown below, as well as the choices in the drop-down menus.
- The Category is not needed but will assist in finalizing the claim in a timelier manner.
 - Note there is a “Priority” drop-down, but it is not needed to complete the request.
 - The same applies to the free text section, “Notes.”
- The “Upload Directory” will always be the claim the file belongs to. It should be the only choice in the drop-down.

The screenshot displays a web interface for document management. The main heading is "Document Management". Below it, there is a section for "Add Attachments" with a "Folder Structure" showing a folder named "20200210T8800001". The "Upload Document" section contains the following fields:

- Feature:** DOCUMENTS MANAGEMENT
- * Attachment:** Browse... No file selected.
- Category:** Select (dropdown menu)
- Priority:** Select (dropdown menu)
- Notes:** Text area
- * Upload Directory:** Select (dropdown menu)

At the bottom of the form are two buttons: "Upload Document" and "Back to Search".

Two pop-up windows are shown:

- The top pop-up is a dropdown menu for the "Category" field, listing options: Select, NOTES, ELIGIBILITY, OTHER, CCS, SCREENSHOT, and CCD.
- The bottom pop-up is a dropdown menu for the "Upload Directory" field, listing options: Select and 20200210T8800001.

Red arrows point from the "Category" and "Upload Directory" dropdown menus in the form to their respective pop-up windows.

- Click the Browse icon and locate the requested documents.
- Click open to attach the file, and the file name will be displayed.
- When finished the Document Management screen should look similar to this.
 - Note the Category selected in NOTES and the claim has been selected as the Upload Directory.
 - Click the “Upload Document” button when finished.

The screenshot displays the Document Management interface. On the left, the 'Add Attachments' section shows a folder structure with a folder named '20200210T8800001'. The main 'Upload Document' form contains the following fields:

- Feature: DOCUMENTS MANAGEMENT
- * Attachment: Browse... Sample Claims Documentation.docx
- Category: NOTES
- Priority: Select
- Notes: (empty text area)
- * Upload Directory: 20200210T8800001

At the bottom of the form are two buttons: 'Upload Document' and 'Back to Search'. A file selection dialog is overlaid on the right, showing a table of files:

Name	Date modified	Type	Size
Sample Claims Documentation	2/6/2020 9:51 AM	Microsoft Word D...	12 KB

The dialog also shows a search bar with 'Sample Claims Documentation' and an 'Open' button. Red boxes and arrows highlight the 'Browse...' button, the file name 'Sample Claims Documentation.docx', the 'Category: NOTES' dropdown, the 'Upload Directory: 20200210T8800001' field, the 'Upload Document' button, the file name in the dialog, and the 'Open' button.

- The window will now display what is shown below.
- Not at the top of the screen the message “Attachment Saved” is displayed.
- The process is now complete. Simply click the Close button in the top right.

Document Management
Close

Attachment saved.

Search Attach Documents (RefId: 20200210T8800001)

Upload Directory:

Attachment Name:

Search
Add Document

Folder Structure

-📁 20200210T8800001

Attachments Search Results

	Link	Id	Category	Priority	Notes	Sequence	Document Path	Uploaded By	Date Uploaded
<input type="checkbox"/>	Claims Search/Status	20200210T8800001	NOTES			1	Sample Claims Documentation.docx	TEST ADMIN 1	02-14-2020 15:23:56

✖

- The screen will return to the Claims Search/Status results.
- Note the claim will still read “ADDITIONAL INFORMATION” until the status is changed by the Claims Department.

- Authorization/Referral
- Capitation
- Claims
- Provider - Claim Submission
- Claims Search/Status
- Communication
- Customer Service
- EDI Services
- Eligibility
- Information
- Payment Processing
- PDR
- Reports
- Security

Claims Search
Hide Search Options

Search Claim No.

Claim # From: To: Authorization No.: Provider Claim/Patient Account #:

Search Member

Member ID: Company:

Optional Additional Details

Provider ID: Organization ID:

Service Code: Check No.: Diag Code:

Date of Service From: To: Billed Amount: Date Paid:

Date Received: Show Claims: Paid Pending Both Group By:

Outcome:

ALL
 1 - HOME
 CN - Chart Note
 2 - HOSPITAL

Show Document Requested Claim

Claim Search
Report Eligibility Discrepancy
Clear All

Claim Details Notes:** All blue text is clickable, N/A = Not Applicable

Total Records: 5

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Organization	Rendering Provider	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outcome	
<input type="checkbox"/> 20200211T8800002	02-11-2020	02-04-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$400.00	\$0.00	N/A	IMSMO	HOME	
Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status
02-04-2020	99565 HOME INFUS, PROTEINASE INHIB		I10	IPA				1.00	400.00	0.00	0.00	0.00	0.00	0.00	IN-PROCESS
Print CMS 1500 Upload Document															
<input type="checkbox"/> 20200210T8800001	02-10-2020	02-01-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$119.87	N/A	IMSMO	HOME	
Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status
02-01-2020	99203 OFFICE/OUTPATIENT VISIT NEW		I10	IPA				1.00	100.00	119.87	0.00	0.00	0.00	0.00	ADDITIONAL INFORMATION
Reminder Line 1			Reminder Line 2			Reminder Line 3			Reminder Line 4						
Print CMS 1500 Upload Document															

Slide 35 of 35