

Templates for Faxes

Assign the default settings for companies that may be placed onto fax templates.


Template Type

Source


Show Inactive Templates

Company

 Filter Listing

 Clear

[Skip Table](#)

 Tip: You may click and drag columns to change your view.

 Add a New Template



No Templates Found.
Please add a new template to get started.

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Need help?

 +1 (855) 490 6673  Live Chat

Do clients add templates ever, or only HPS/BMA?

Template Designer

Fax Options

Use this interface to design the default template choices for all faxes and/or create a custom template to later assign to a company (or many companies) if needed.

All the required fields are marked with an asterisk(*)

Template Name* **Template Number** **Template Active**

This is for your identification purposes and will NOT be seen on the fax.

Template Type*

Fax Preview



Please select how you will create your template before seeing a Fax Preview.

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Template Name* **Template Number** **Template Inactive**


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Template Type*

How will you create your template?*

 Create in Web Browser

 Upload a Microsoft Word File

 Upload a PDF

Fax Preview



Please select how you will create your template before seeing a Fax Preview.

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Template Type*

How will you create your template?*

  Create in Web Browser

  Upload a Microsoft Word File

  Upload a PDF

Please turn on or off which labels should be seen on the template and make other customizations.

Regarding*

Your Requested Member Eligibility Information

OR
 Your Requested Member Benefit Information

Your Requested Claim Information

Your [Insert Request Type Here] Information

Custom Regarding Name

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Fax Preview


CONFIDENTIAL AND PROTECTED COMMUNICATION*

Fax

Your Requested Member Eligibility Information

Attention: Healthcare Provider
Send to Fax Number: (210) 555-2626
Requestor Phone: (210) 555-2625
Fax Manger ID: 012345
Date/Time Sent: Feburary 15, 2024 @ 3:23PM
Page Count: 5 pages (including coversheet)

Insurance Administrator Information

From:  **Benefit Management Administrators**
 Benefit Management Administrators
Fax Number: (210) 697-9981
Email: claims@bmatpa.com
Phone: (210) 697-9900
Address: P.O. Box 781709, San Antonio, Texas 78278
Website: https://bmatpa.com
Other: Login to our website to check claims status, eligibility, and more!
 Call or email us if you have any questions. A team member will gladly help.
 You may call 1 (888) 123-5555 for a self-service call to request claims, benefits, or eligibility information to be faxed to you.

This is not a guarantee of Benefits. This is a general summary of the benefits available under this plan and is not intended to be used as an authorization for services to be provided. We are providing this summary without knowledge of the diagnosis or type of treatment that you plan to provide. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based on the information currently available to us. Both are subject to change without notice to you. All benefits are subject to pre-existing condition limitations as specified in your plan. All covered charges will be limited to reasonable and customary charges. Benefits will be coordinated with another carrier if other coverage is involved.

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This fax was sent using the Fax Manager™ web app by Health Portal Sollutions: hpsglobal.net

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Templates

Assign the default settings for companies that may be placed onto fax templates.

Template Type
Source
Show Inactive Templates
In Use by Companies

[Skip Table](#)

Tip: You may click and drag columns to change your view.

<input type="checkbox"/> Select All	Template Number	Template Name	Template Type	Source	Status	In Use by Companies
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1024	Default Template 2024	Coversheet	Web Browser Template	Active	Arkansas Municipal League, Consociate, Dunn &
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1025	My MS Word Custom Coversheet 2024	Coversheet	Uploaded Template	Active	Alternative Insurance Resources
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1026	Default Eligibility Template 2024	Eligibility	Web Browser Template	Active	Alternative Insurance Resources, Arkansas Muni
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1027	Default Claims Template 2024	Claims	Web Browser Template	Active	Alternative Insurance Resources, Arkansas Mun
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1028	Default Benefit Template 2024	Benefits	Web Browser Template	Inactive	Alternative Insurance Resources, Arkansas Muni
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1029	Gulf South Custom Template	Eligibility	Uploaded Template	Active	Gulf South
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1030	Insurance Administrator of America Compact Template	Claims	Uploaded Template	Active	Insurance Administrator of America
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1031	Integra - Custom Disclaimer Template	Coversheet	Web Browser Template	Active	Integra
<input type="checkbox"/> <input type="button" value="View & Edit Template"/>	1032	Benefit Management Administrators - CALIFORNIA ONLY	Benefits	Uploaded Template	Active	Benefit Management Administrators

6 items in 7 pages

Bulk Edit Selected

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