



Member Portal:

User Guide

Need Help? hpssupport@hpsglobal.net or call 1-855-490-6673.

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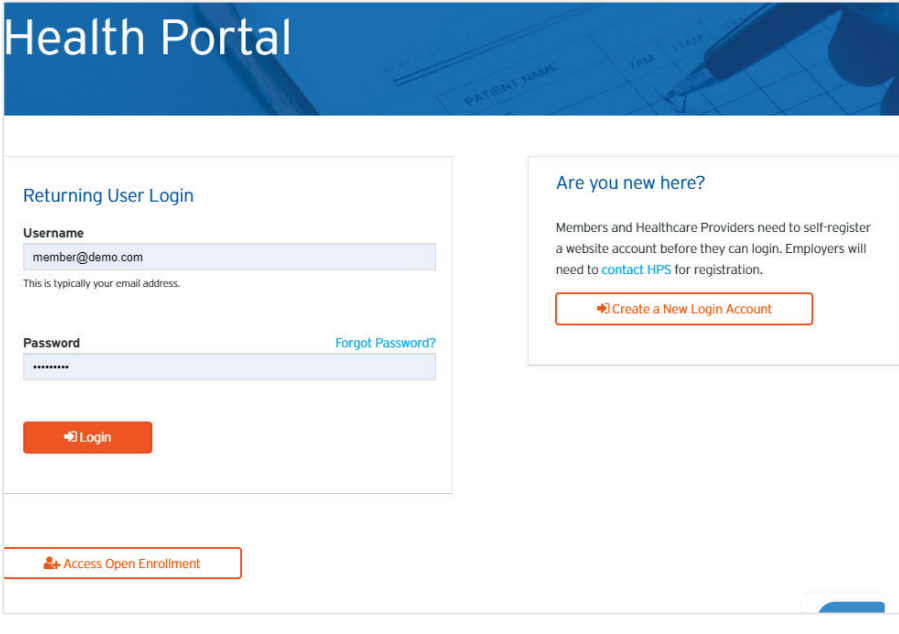
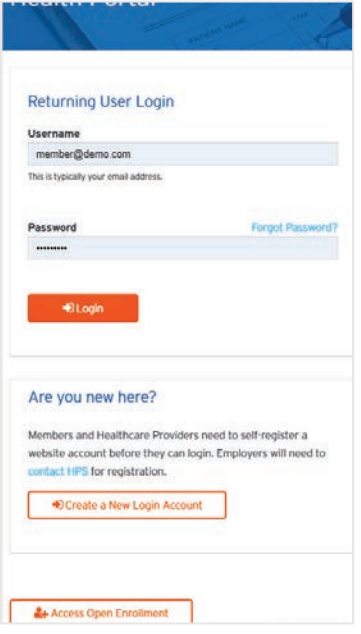
INTRODUCTION

Your health portal allows you access to your health insurance data, such as looking up benefits and claims. Once logged in you can also send messages to the owner of the health portal, grant permission to family members to see your data, submit a new claim or enroll in benefits for your next plan year.

Note – For United States members, HIPPA requires that all adults over the age of 18 years old, regardless of if it is a college student or spouse, to grant explicit permission to other adults on the health plan before data can be viewed between members. See **Family Settings** p.191.

Mobile Optimized

You might notice that the website will adapt to your screen size. Columns of the portal may collapse to fit on a smaller screen, and buttons and navigation menus may change their appearance.

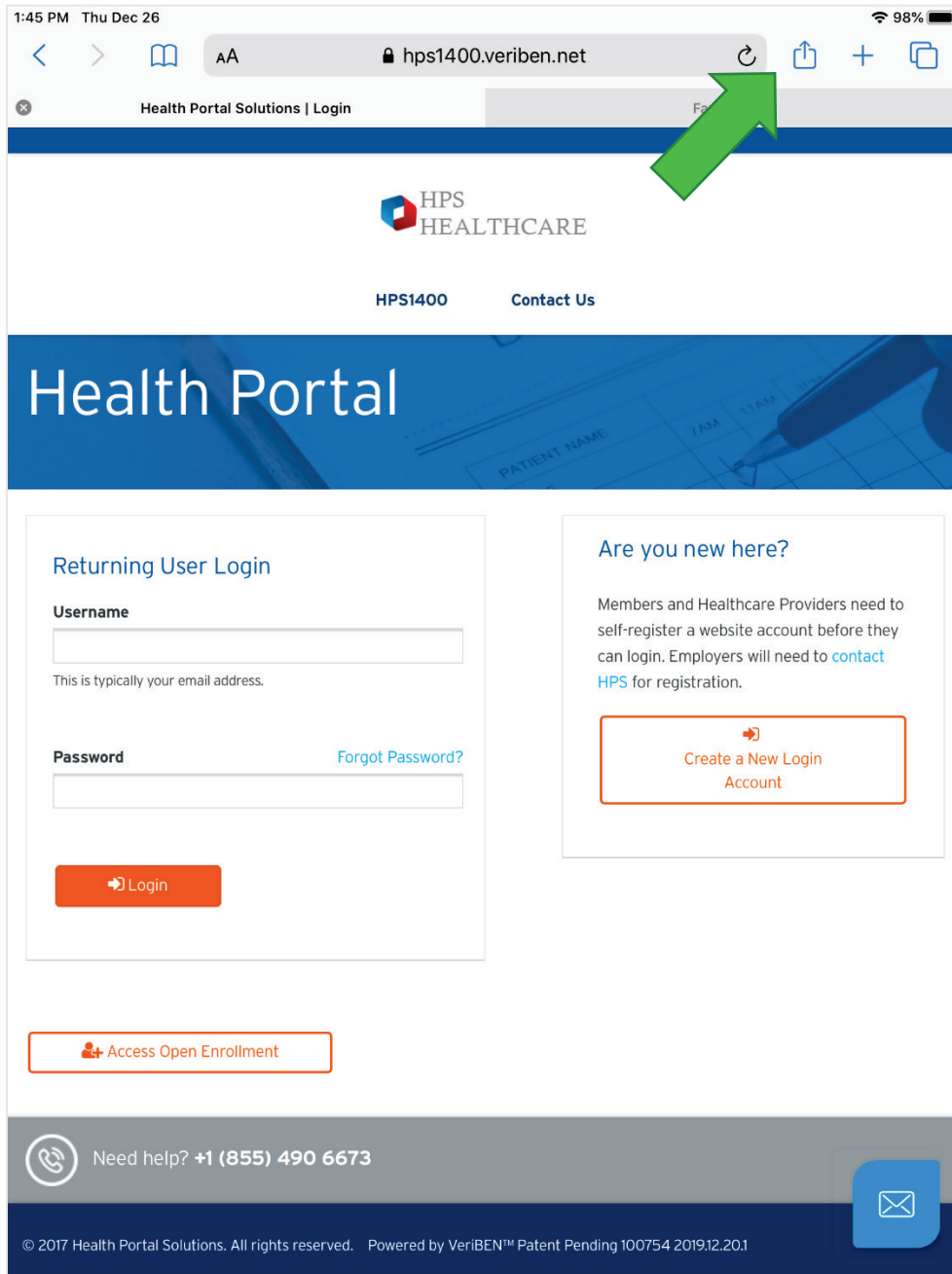
	
<p><i>Sample larger screen with 2 columns</i></p>	<p><i>Sample small screen with 1 column.</i></p>

We offer a web-app, rather than a native app that must be installed on your device. This allows for quick upgrades to the web-app, where we do all of the work for updates in the background, rather than requiring you to update your phone app. The web-app has the full amount of data and functions on your device or desktop computer.

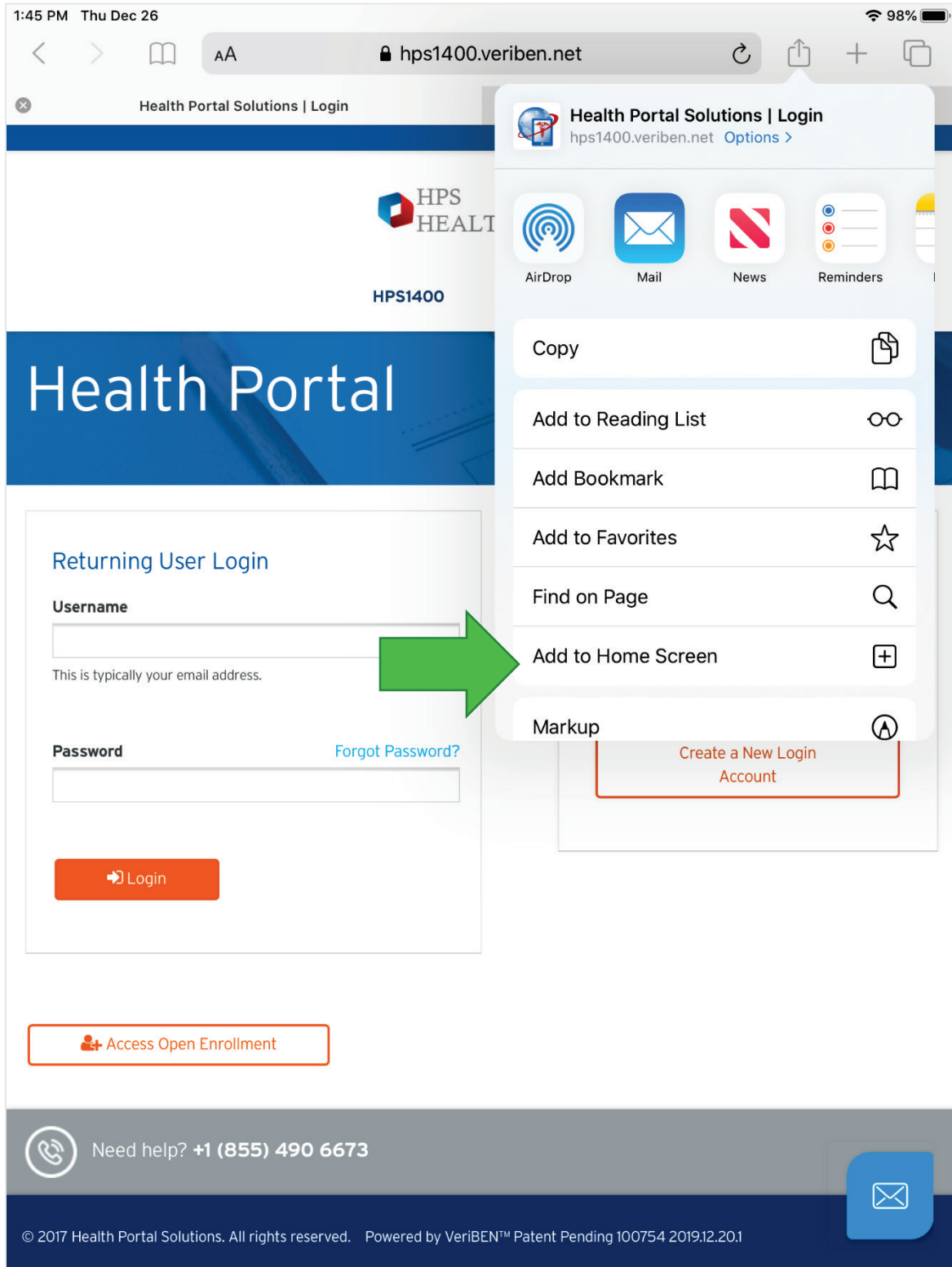
How to Add a Shortcut to Your Mobile Device's Home Screen

iOS (Apple / iPhone / iPad)

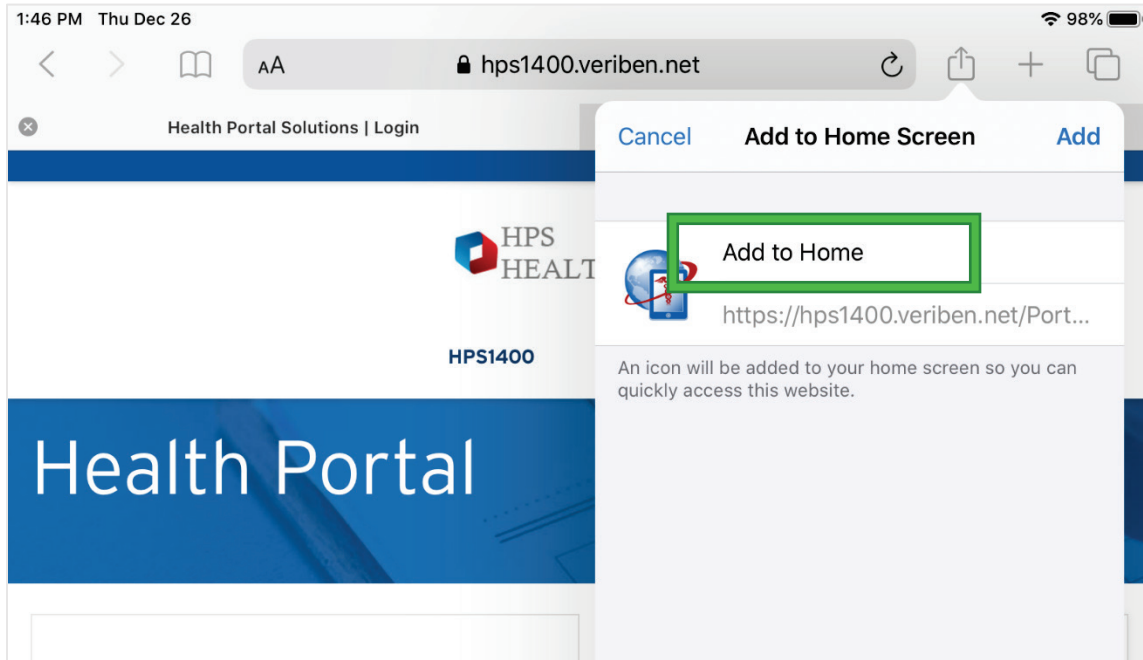
1. Click the **menu** icon.



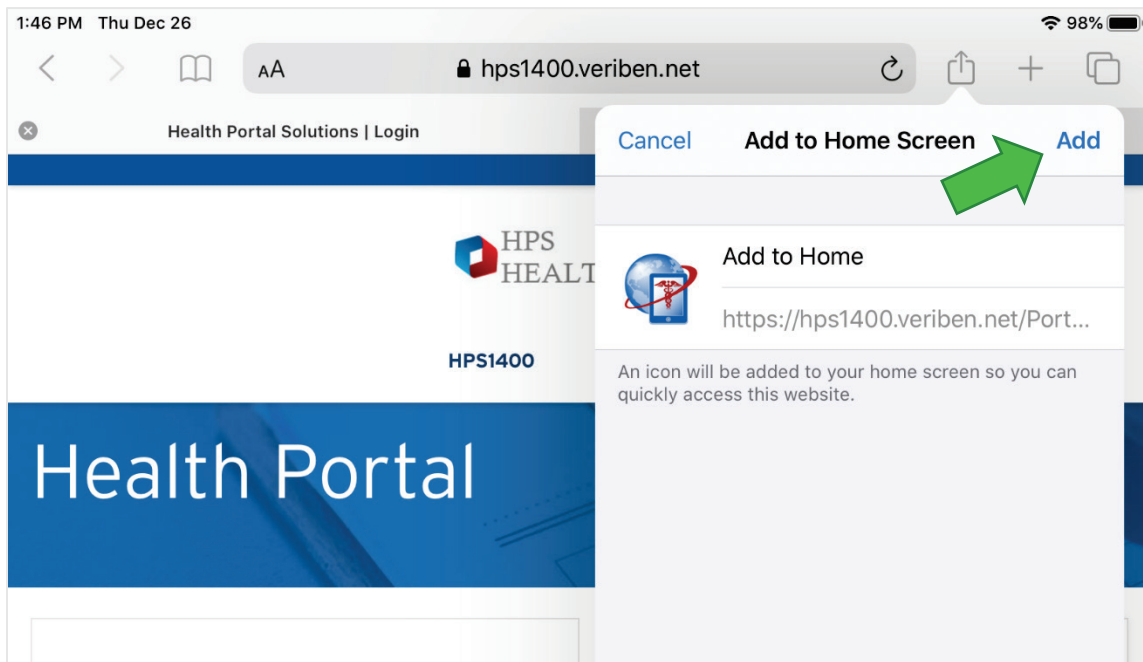
2. **Menu** options will appear. *Click Add to Home Screen [+]*.



3. *Type* in your preferred nickname for the link.



4. *Click* **Add**.

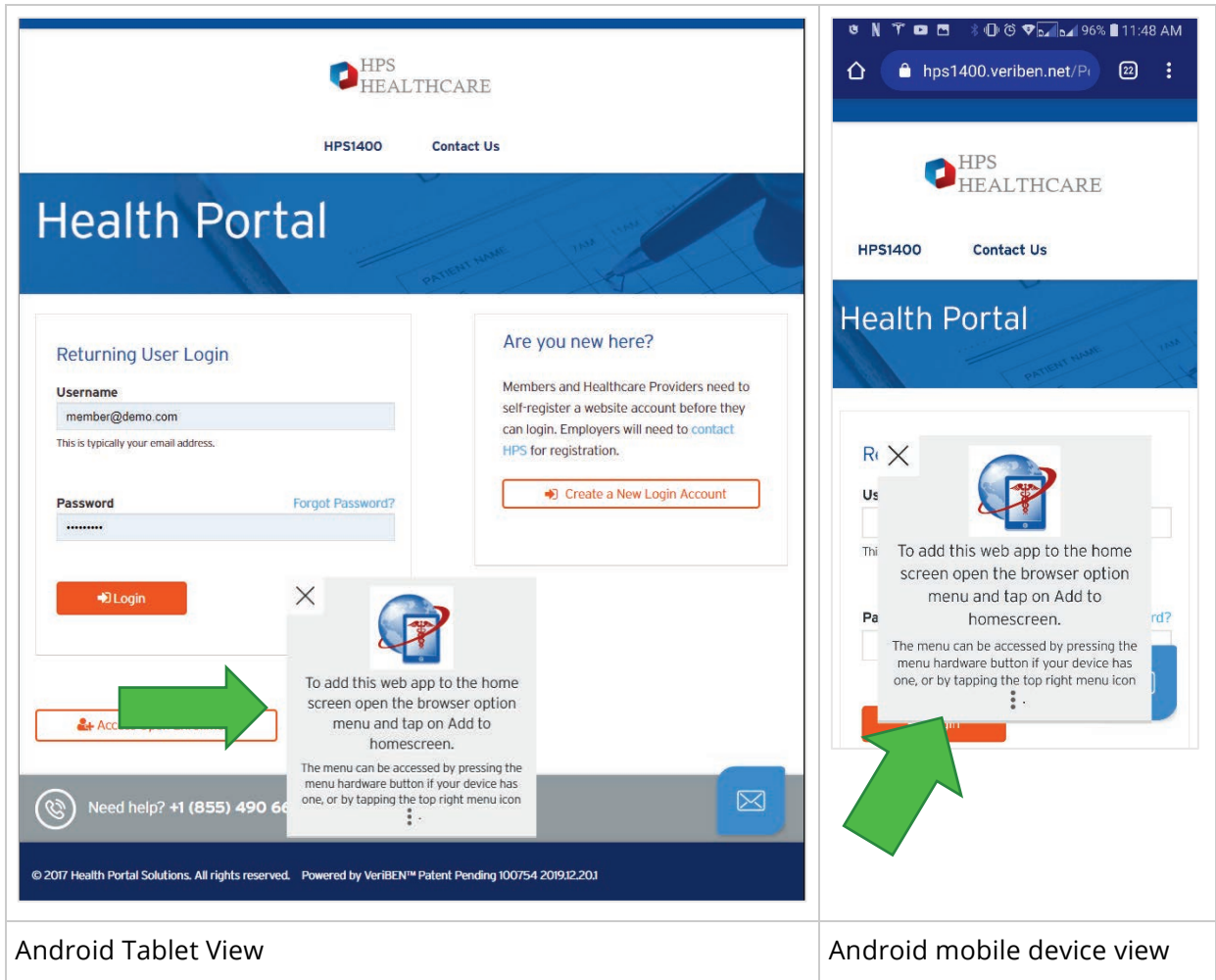


5. The shortcut will be added to your home screen.

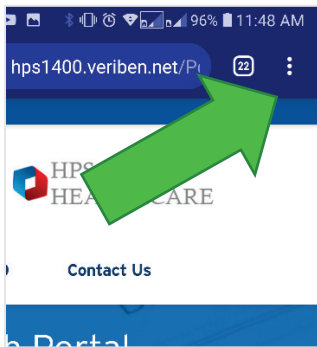


Android

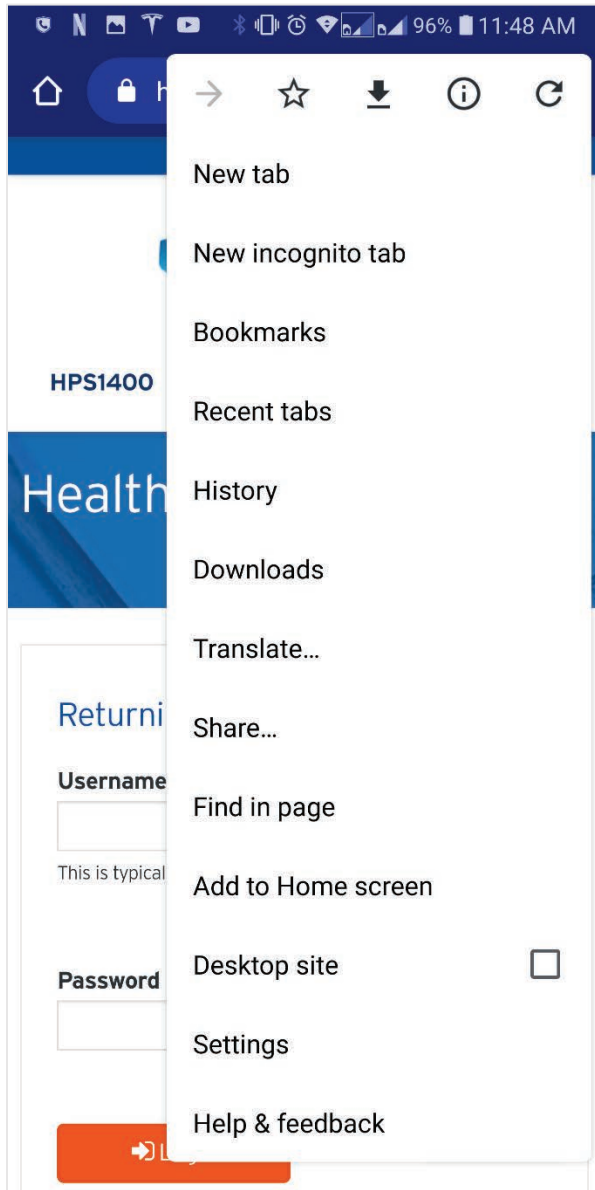
1. When you go to the health portal for the first time, you will see a prompt slide into the screen. The prompt offers these same following instructions, so it is okay if you closed the prompt accidentally.



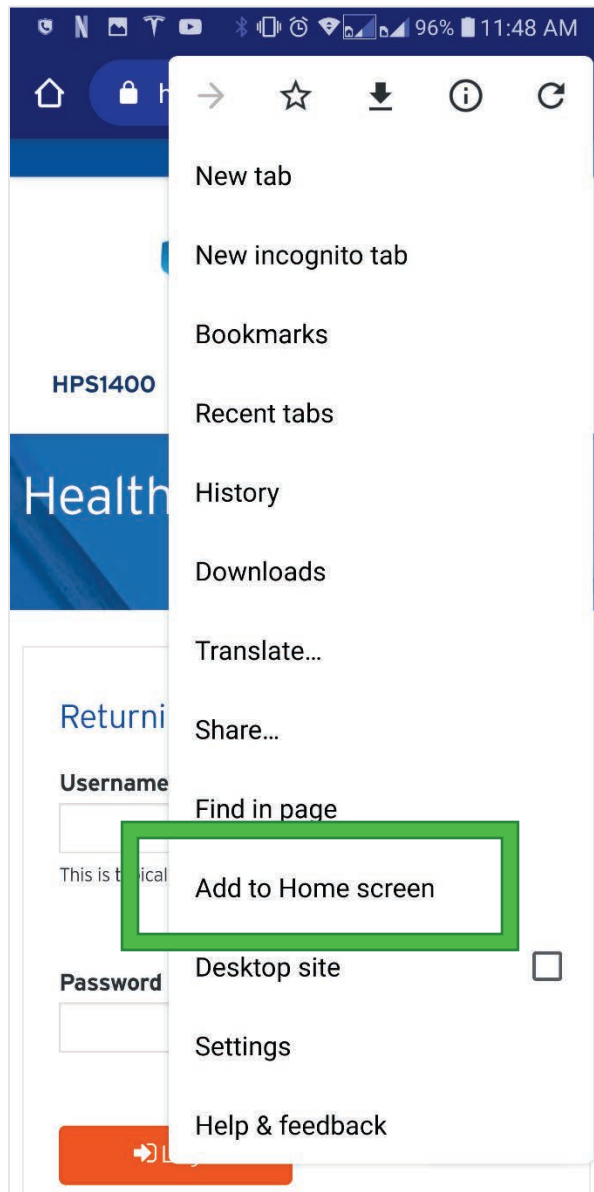
2. In the top right of the browser, *click* on the **menu** icon.



3. Menu options will appear.

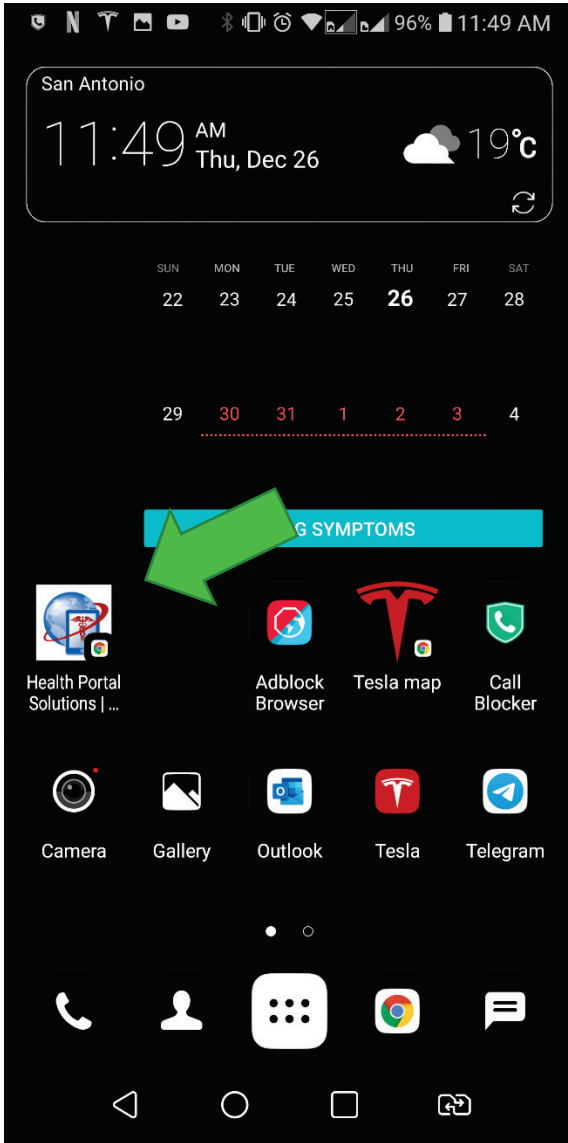


4. Click on **Add to Home Screen**.



5. Type in your desired nick name for the link. Click **Save**.

6. The link will add to your home screen.



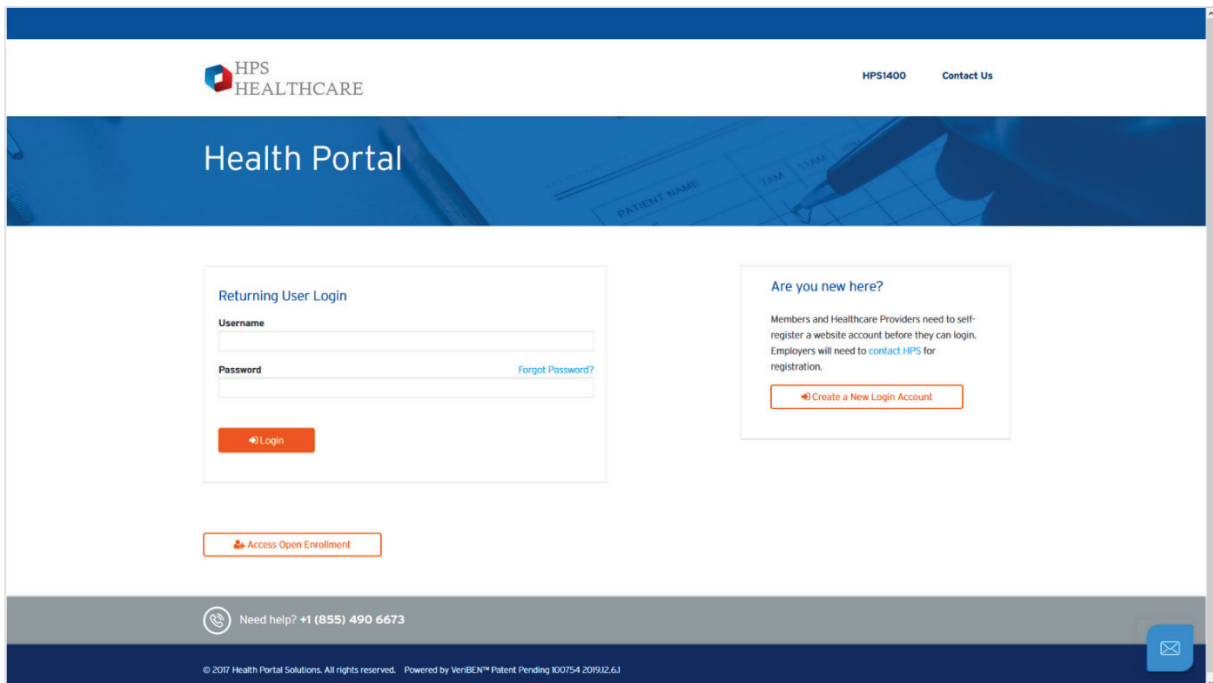
7. Clicking on the link will take you directly to the health portal.

HOW TO CREATE A NEW LOGIN ACCOUNT

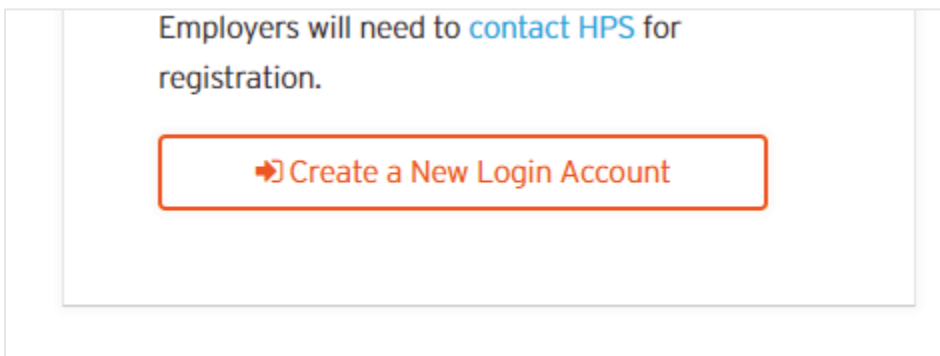
People who are part of an insurance plan are called Members of that plan. Members are eligible, but not required, to have a health portal account.

Pre-Requisite: A person must be a member with active coverage. Some websites will allow for people with recently terminated coverage, sometimes within 90 days or 6 months, to still access the portal; this preference is set by the health portal owner and varies.

1. Go to the Login Page, typically it says **Health Portal** on the top of the page. The colours and logos may vary to match the branding of your health portal owner.



2. From the login page, *click* on the **Create a New Account** button.



3. You will be directed to another page.

HPS HEALTHCARE HPS1400 Contact Us

Follow the instructions below to register for your Health Portal account

Which type of account do you need?

Members
I need to check my claims, find a doctor or review the benefits for myself or my family
[Select](#)

Healthcare Professionals
I am a doctor or work for a doctor and I need to submit a pre-authorization or verify benefits.
[Select](#)

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4. Click on the **Select** button under **Members**.

Members
I need to check my claims, find a doctor or review the benefits for myself or my family
[Select](#)

5. You will be sent to a **Member Verification** page.

The screenshot shows the HPS Healthcare Member Verification registration page. At the top left is the HPS Healthcare logo. At the top right are the text 'HPS1400' and 'Contact Us'. Below the header is a blue banner with the text 'Follow the instructions below to register for your Health Portal account'. The main content area has the heading 'Enter your information exactly as it appears on your health ID card'. The form contains the following fields: 'First Name*', 'Last Name*', 'Member ID*', 'Date of Birth*' (with a date picker showing 'mm/dd/yyyy'), 'Gender*' (with radio buttons for 'Male' and 'Female'), 'Preferred Email Address*' (with a note: 'The email address entered will be your username to sign into your Health Portal account.'), 'Confirm Email Address*', 'Postal Code*', 'Security Code*' (with a generated code '1e2zb' and a 'Generate new Security Code' link), and 'Enter Security Code displayed above'. A red 'Next' button is located at the bottom right of the form.

6. Some of your fields may vary per the preferences of the health portal owner, but generally you will need to do the following:
- Type to enter your **First Name**.

A close-up of the 'First Name*' input field, showing the label and an empty text box.

- Type to enter your **Last Name**.


A close-up of the 'Last Name*' input field, showing the label and an empty text box.

- c. *Type* to enter your **Member ID**.

Member ID*

- d. *Use* the calendar icon to enter your **Date of Birth**.

Date of Birth*

- i. You may use the date picker by clicking on the **Calendar** icon, then arrowing back to your needed year, month, and then clicking on your date.
- ii. Optionally, you can type in your date in a numeric fashion, where “01032000” will convert to the 3rd of January 2000.
- iii. Optionally, you can also type in the alphanumeric characters, “03-Jan-2000” inclusive of the dashes when you type.

- e. *Click* to select your **Gender**.

Gender*

Male Female

- f. *Type* to enter your **Preferred Email Address**.

Preferred Email Address*

The email address entered will be your username to sign into your Health Portal account.

- g. *Type* to enter your **Confirm Email Address**.


Confirm Email Address*

h. Type to enter your **Zip Code**.

Postal Code*

i. Type to enter the **Security Code**.


Security Code*



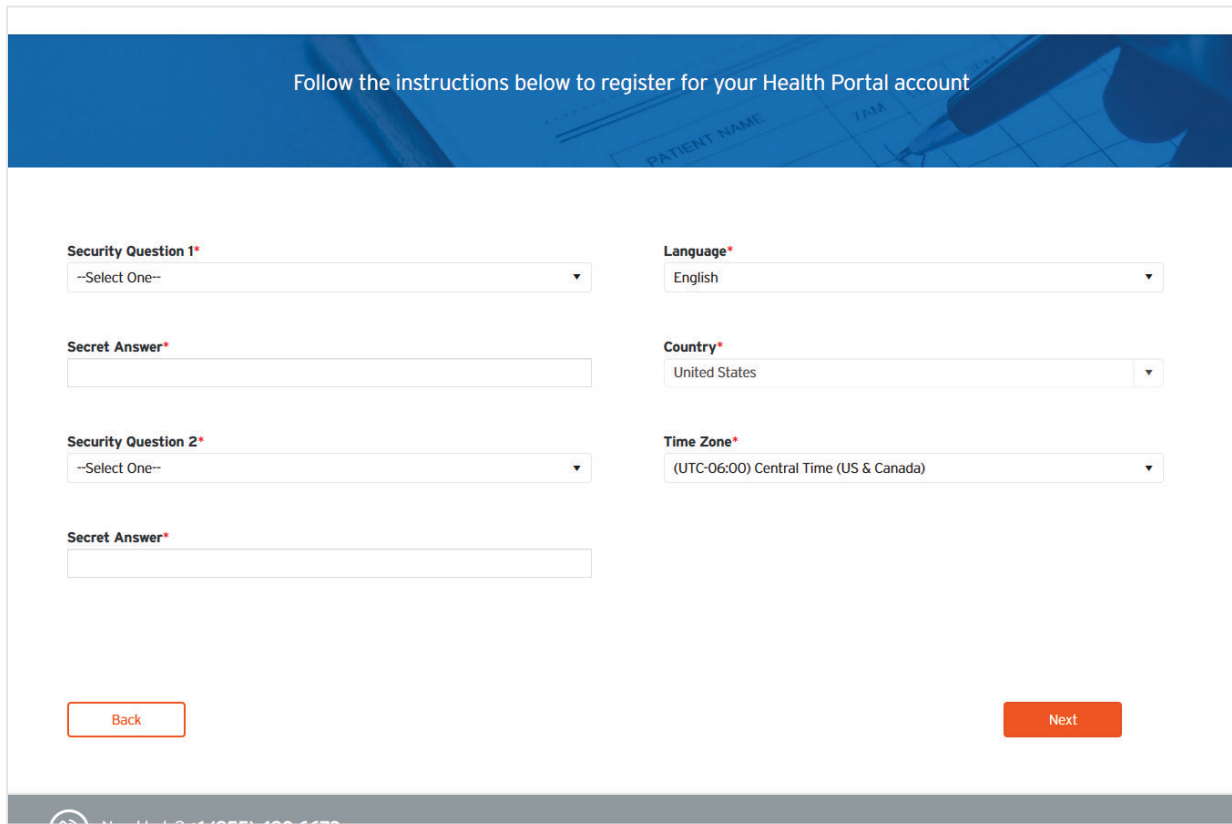
[Generate new Security Code](#)

Enter Security Code displayed above

7. Click the **Next** button.



8. You will be directed to another page.



Follow the instructions below to register for your Health Portal account

Security Question 1*
--Select One--

Language*
English

Secret Answer*
[Text Input]

Country*
United States

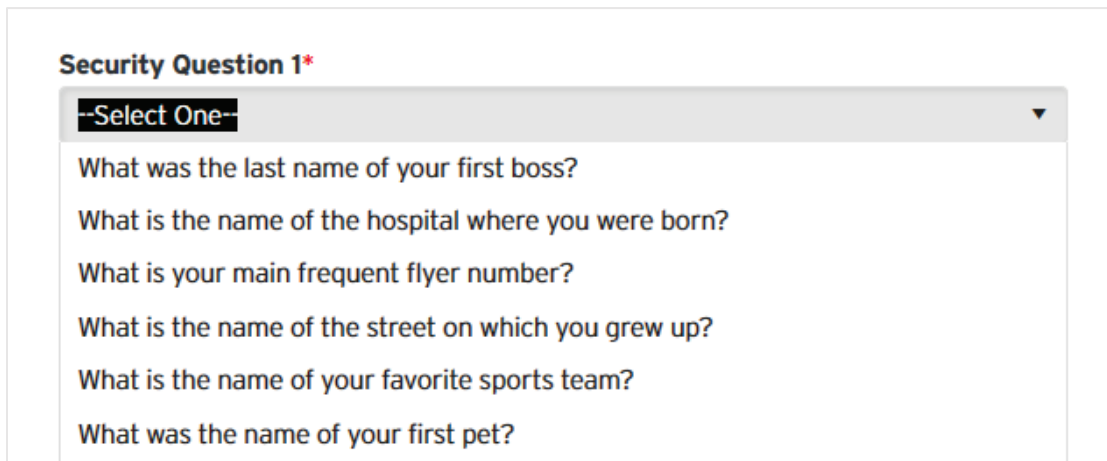
Security Question 2*
--Select One--

Time Zone*
(UTC-06:00) Central Time (US & Canada)

Secret Answer*
[Text Input]

[Back](#) [Next](#)

9. Select your **Security Question 1** from the drop-down selector.



Security Question 1*

--Select One--

- What was the last name of your first boss?
- What is the name of the hospital where you were born?
- What is your main frequent flyer number?
- What is the name of the street on which you grew up?
- What is the name of your favorite sports team?
- What was the name of your first pet?

10. Type to enter **Secret Answer** one.

Secret Answer*

11. Select your **Security Question 2** from the drop-down selector.

Security Question 2*

--Select One--

12. Type to enter **Secret Answer** two.

Secret Answer*

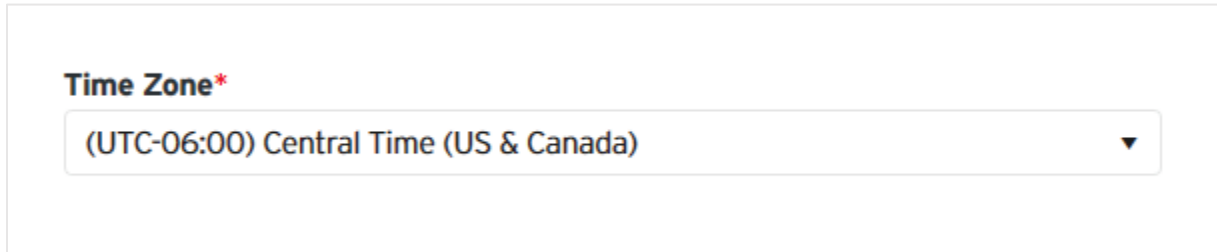
13. Select your preferred **Language** using the drop-down selector.

Language*

English

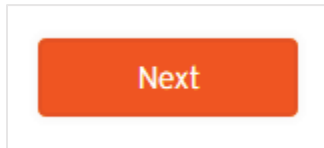
- English
- English (Australia)
- English (Belize)
- English (Canada)
- English (Caribbean)
- English (Ireland)

14. Select your **Time Zone** using the drop-down selector.



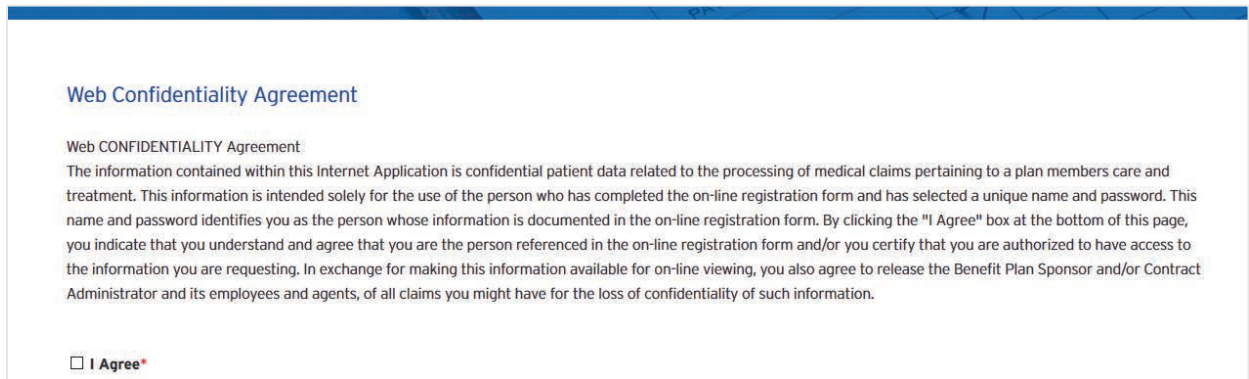
The screenshot shows a form field labeled "Time Zone*" with a dropdown menu. The selected option is "(UTC-06:00) Central Time (US & Canada)".

15. Click the **Next** button.



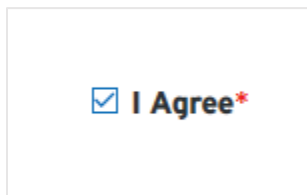
The screenshot shows a red button with the text "Next" in white.

16. Read the **Web Confidentiality Agreement**. This text will vary per health portal.



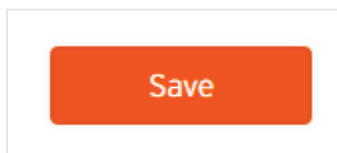
The screenshot shows a "Web Confidentiality Agreement" section. It includes a heading, a paragraph of text, and a checkbox labeled "I Agree*".

17. If you agree, check the **I Agree** box.



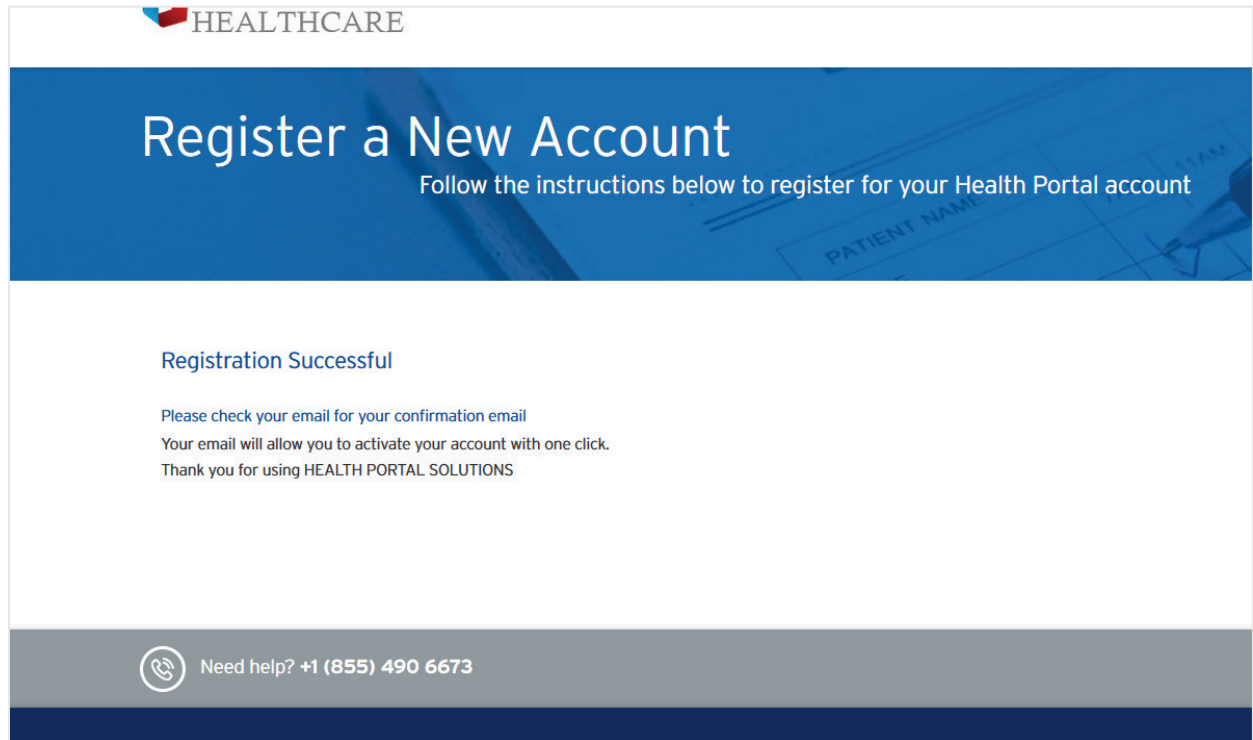
The screenshot shows a checkbox labeled "I Agree*" with a blue checkmark.

18. Click the **Save** button.

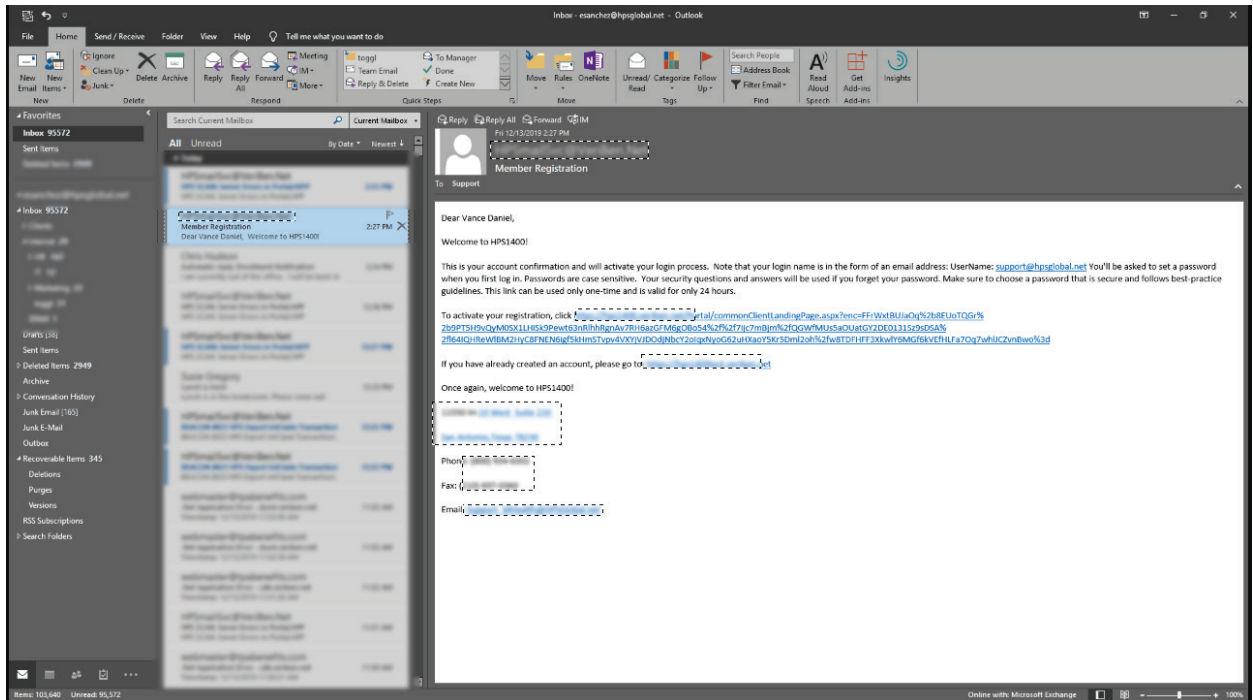


The screenshot shows a red button with the text "Save" in white.

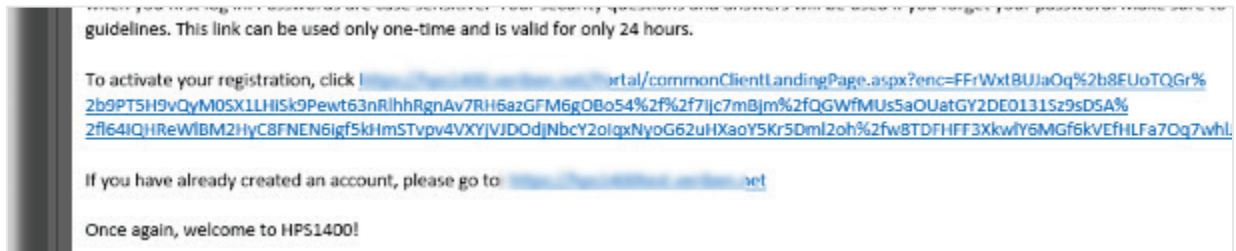
19. You will see a confirmation page.



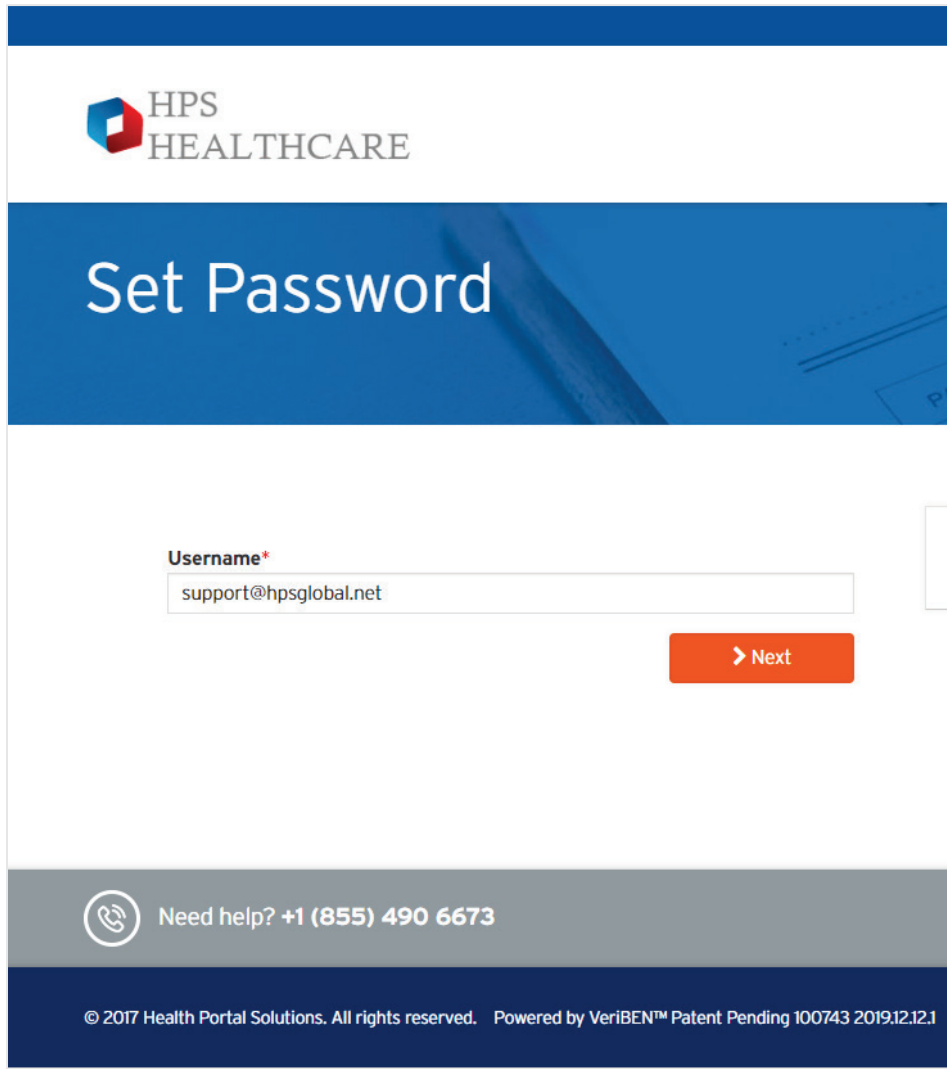
20. Please check your email. Emails are typically received instantaneously. Check your junk mail if you don't see anything come in.



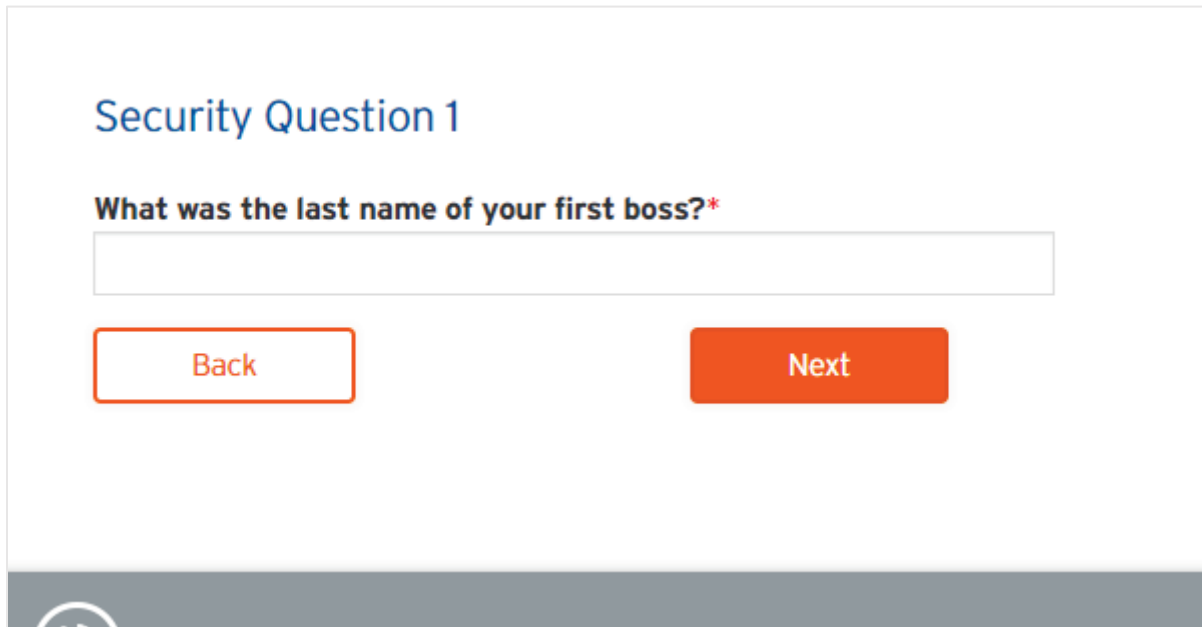
21. You will get a new email with link. *Click* the **link**, or copy and paste the link into your web browser.



22. *Verify* your **Username**; this is typically your email address.

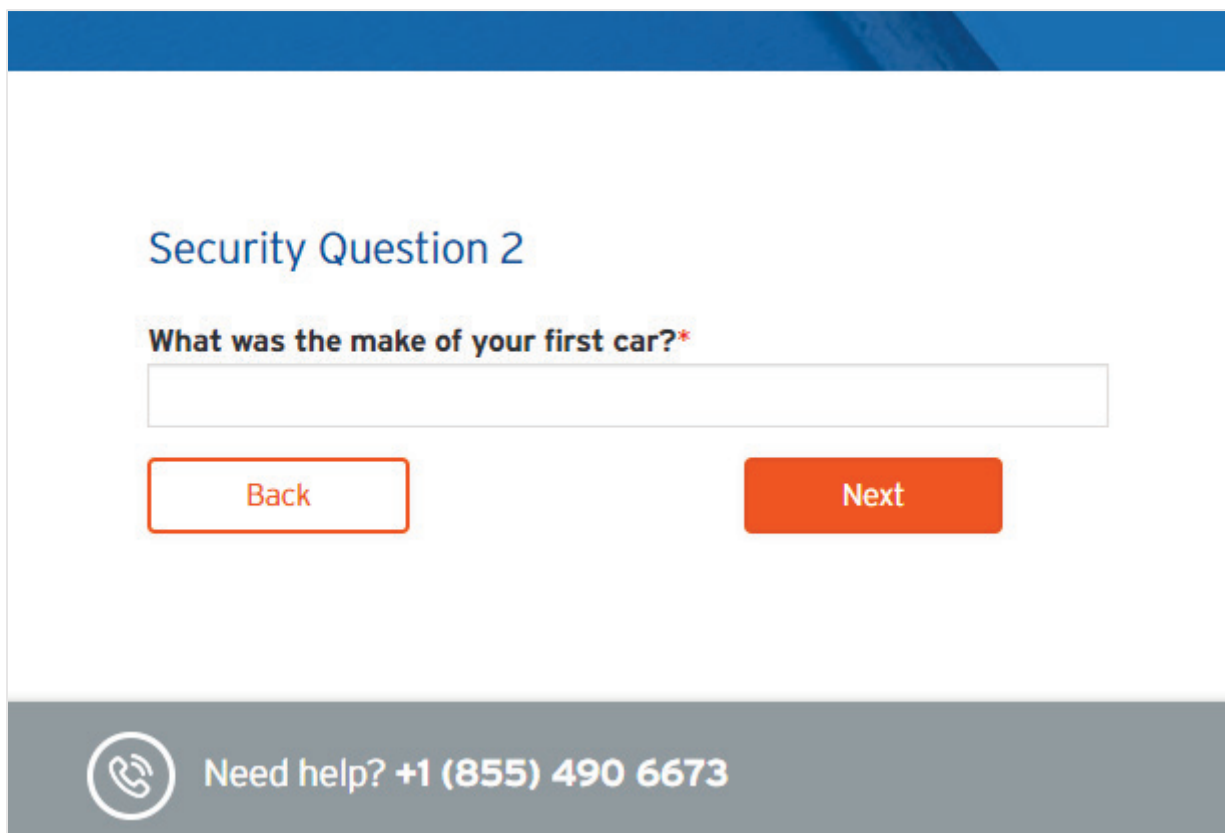


23. You will be prompted to answer **Security Question 1**.



The screenshot shows a web form titled "Security Question 1". The question is "What was the last name of your first boss?*" and is followed by a text input field. Below the input field are two buttons: "Back" (outlined in orange) and "Next" (solid orange). A grey footer bar at the bottom contains a partial circular icon on the left.

24. Type to answer **Security Question 2**.



The screenshot shows a web form titled "Security Question 2". The question is "What was the make of your first car?*" and is followed by a text input field. Below the input field are two buttons: "Back" (outlined in orange) and "Next" (solid orange). A grey footer bar at the bottom contains a telephone icon and the text "Need help? +1 (855) 490 6673".

25. You will then be prompted to set your long term password. Be sure to *read* the password rules custom to your health portal.

Set Password

Create New Password

New Password*

Confirm New Password*

Back Next

- Passwords must be a minimum of seven characters.
 - Passwords must contain at least one numeric character.
 - Passwords must contain at least one upper case alpha character.
 - Passwords must contain at least one lower case alpha character.
- Passwords must not be words that are found in a dictionary.
- Passwords must not be easily guessable, such as family names, pet names, or dates of birth.
- Passwords must not be last five previous passwords.
- Password must not contain a repeating pattern of characters or words

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26. Type in your **New Password**.

Create New Password

New Password*

Confirm New Password*

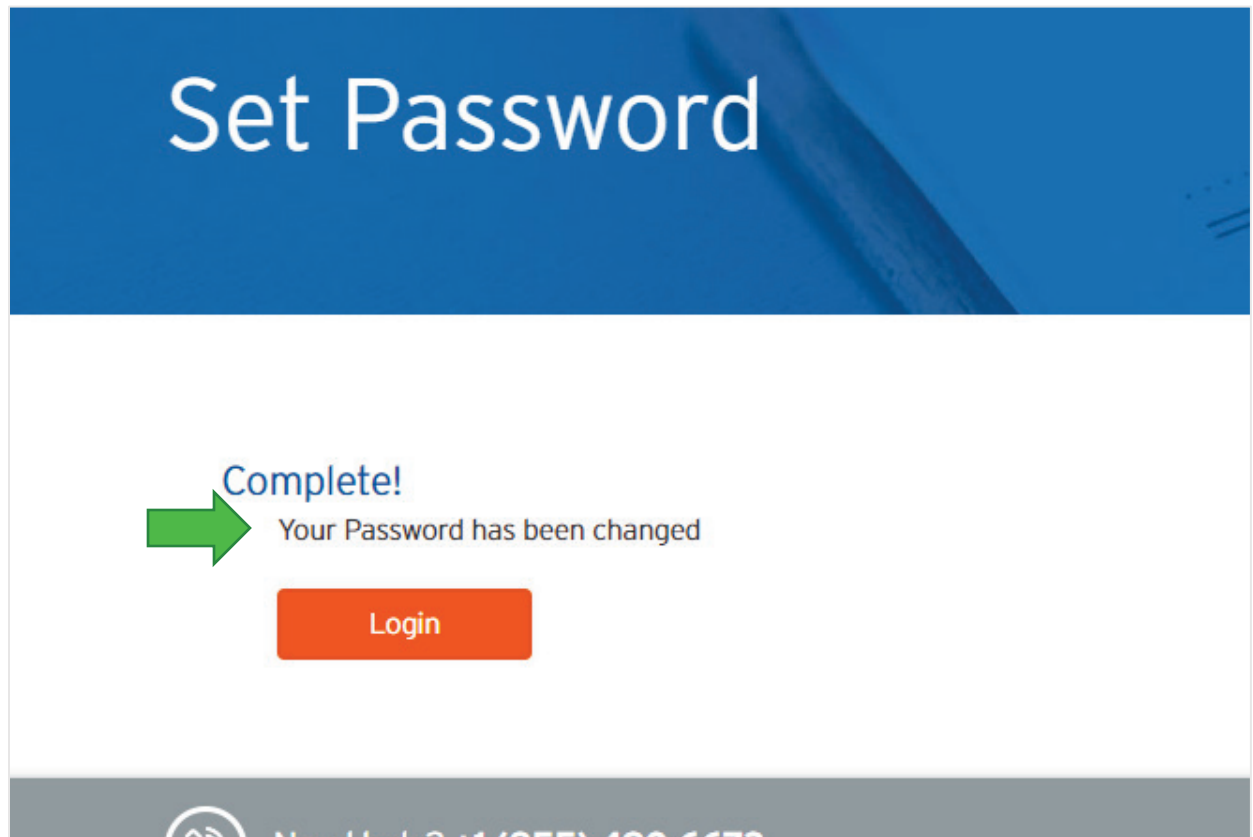
27. Type to **Confirm New Password**.

Confirm New Password*

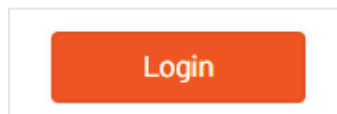
28. Click the **Next** button.

Next

29. Your password will be saved.



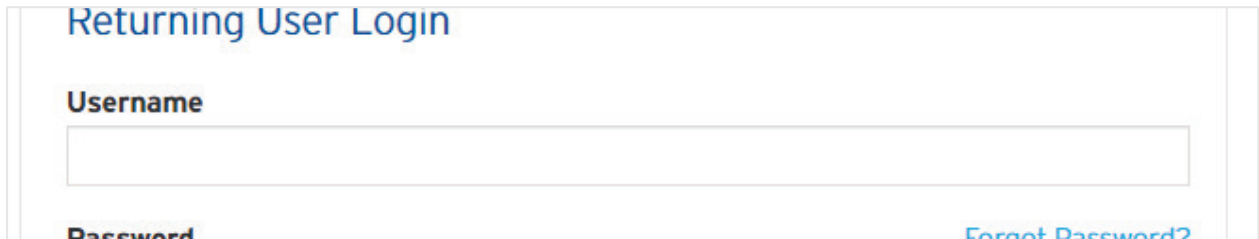
30. Click the **Login** button to go to the normal login page. See login instructions in next section of this guide.



HOW TO LOGIN

Typically, you can access the health portal from the website owner's public website, or from a link they may have shared with you. Once you have accessed the login page:

1. In the **Username** field, please *type* in your email address.



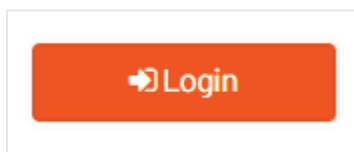
The screenshot shows a login form titled "Returning User Login". It features a "Username" label above a text input field. Below the input field, the "Password" label is partially visible on the left, and a "Forgot Password?" link is visible on the right.

2. In the **Password** field, please *type* in your password. Your password (or temporary password) should have been securely shared with you when the health portal owner made your website account OR when you created your own login account.



The screenshot shows the "Password" field of the login form. It includes a "Password" label on the left and a "Forgot Password?" link on the right. The input field contains five dots, indicating a masked password.

- a. If you forgot your password, please *call* the health portal owner if you need a temporary password assigned OR *click* on the **Forgot Password?** text link to reset your password through self-help. The phone number to call is typically found in large type on the footer of the login page.
3. *Click* the **Login** button.

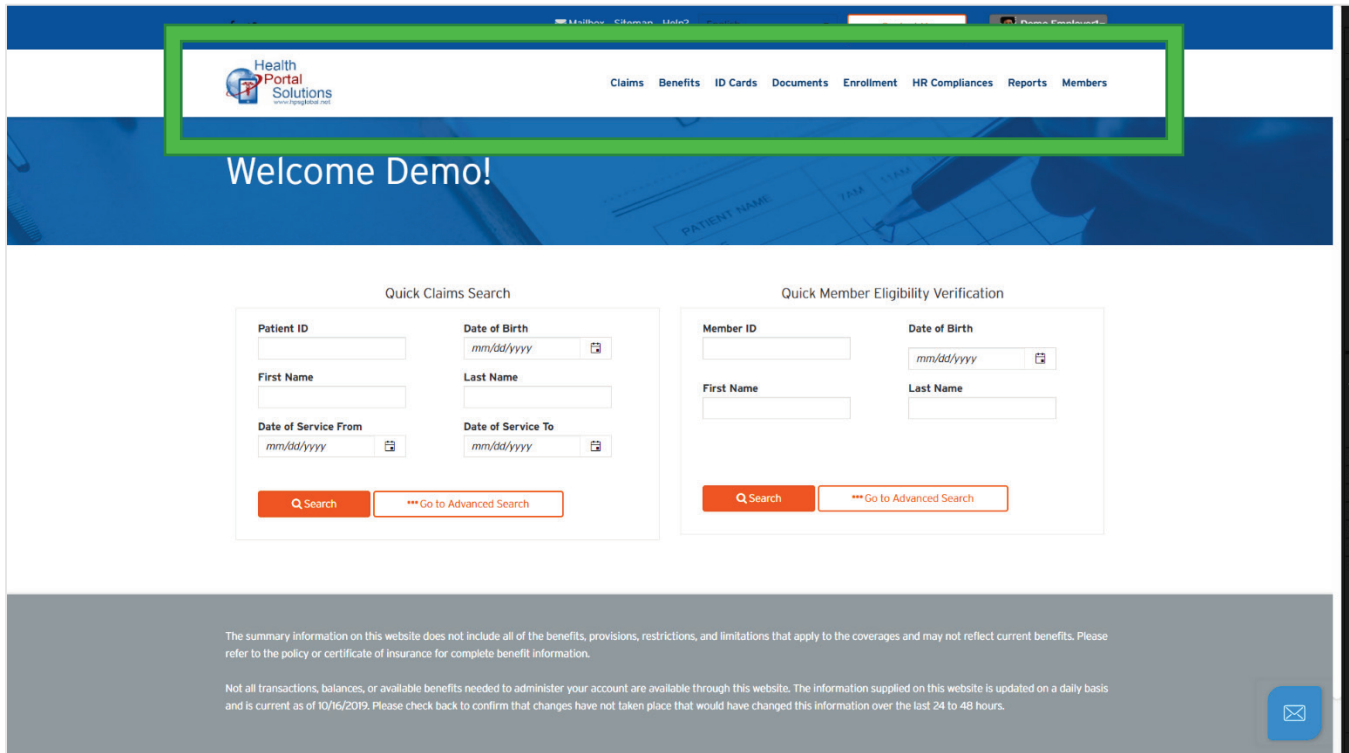


The screenshot shows a red rectangular button with a white right-pointing arrow icon followed by the text "Login".

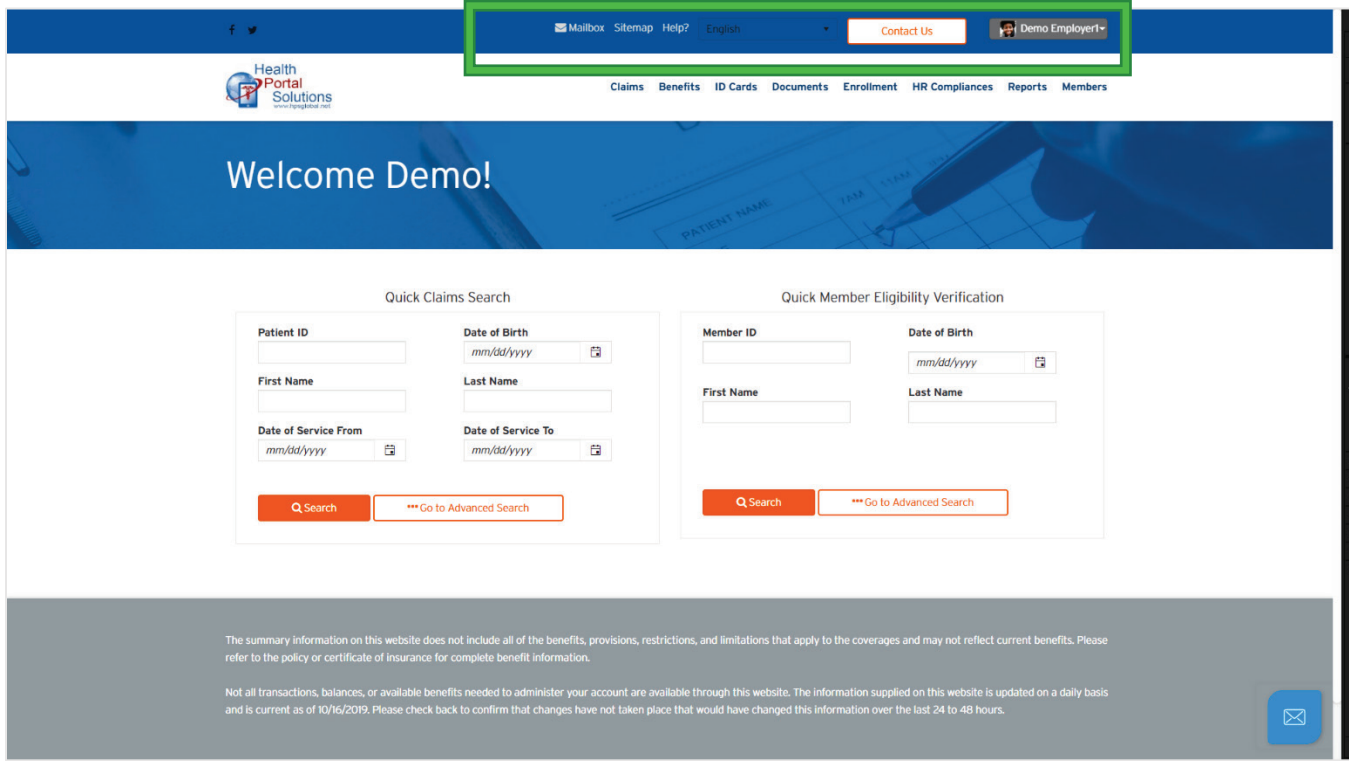
4. You will then be logged into the portal.

COMPONENTS OF THE HEALTH PORTAL

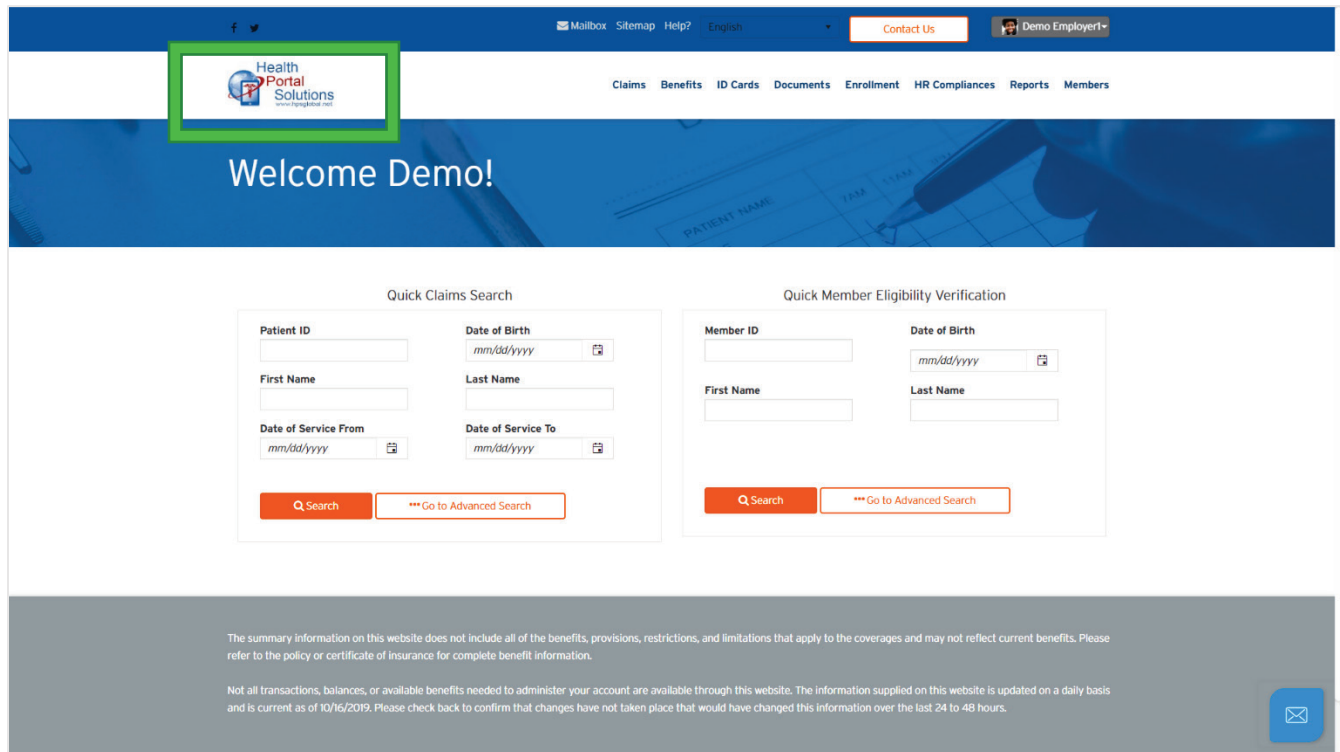
Primary Navigation – This is typically a white menu bar at the top of the page.



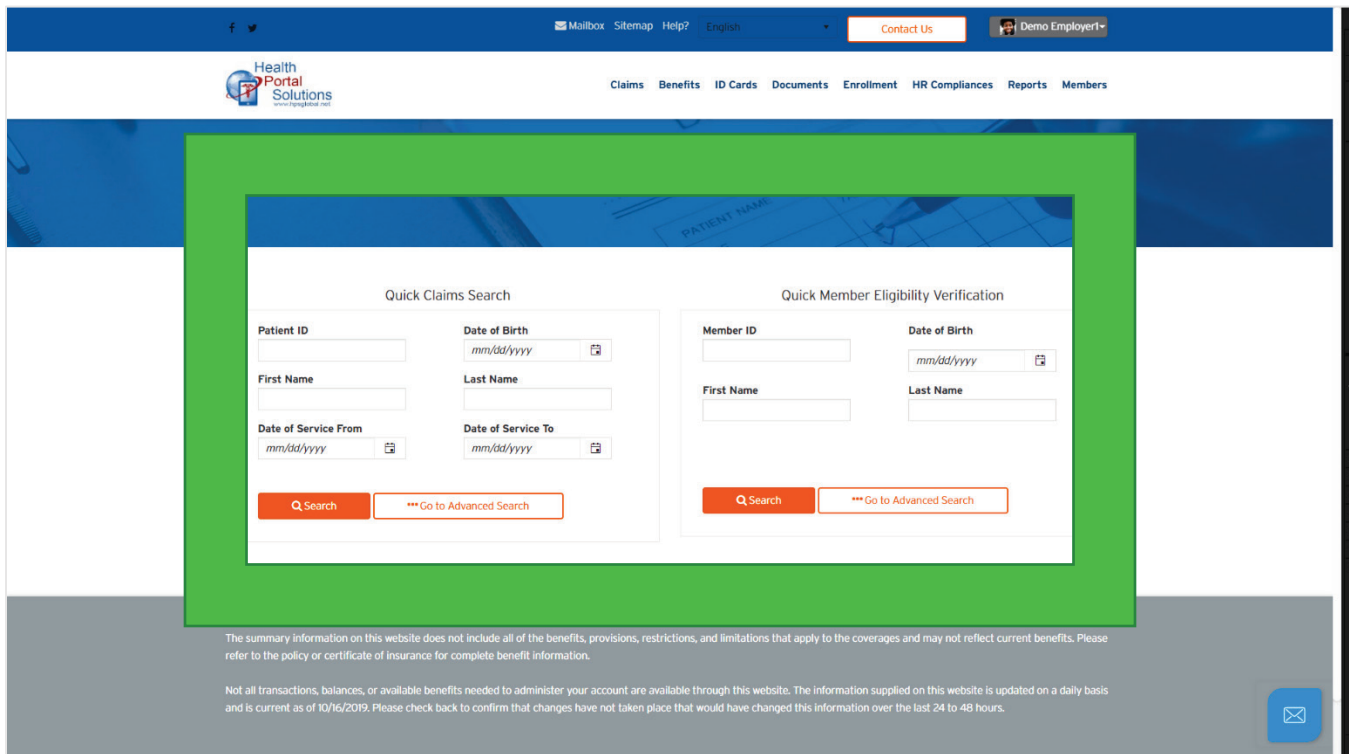
Secondary Navigation – This is typically with a grey background, right above the Primary Navigation bar. The order of the links within this bar may differ, per the preferences of the web portal owner.



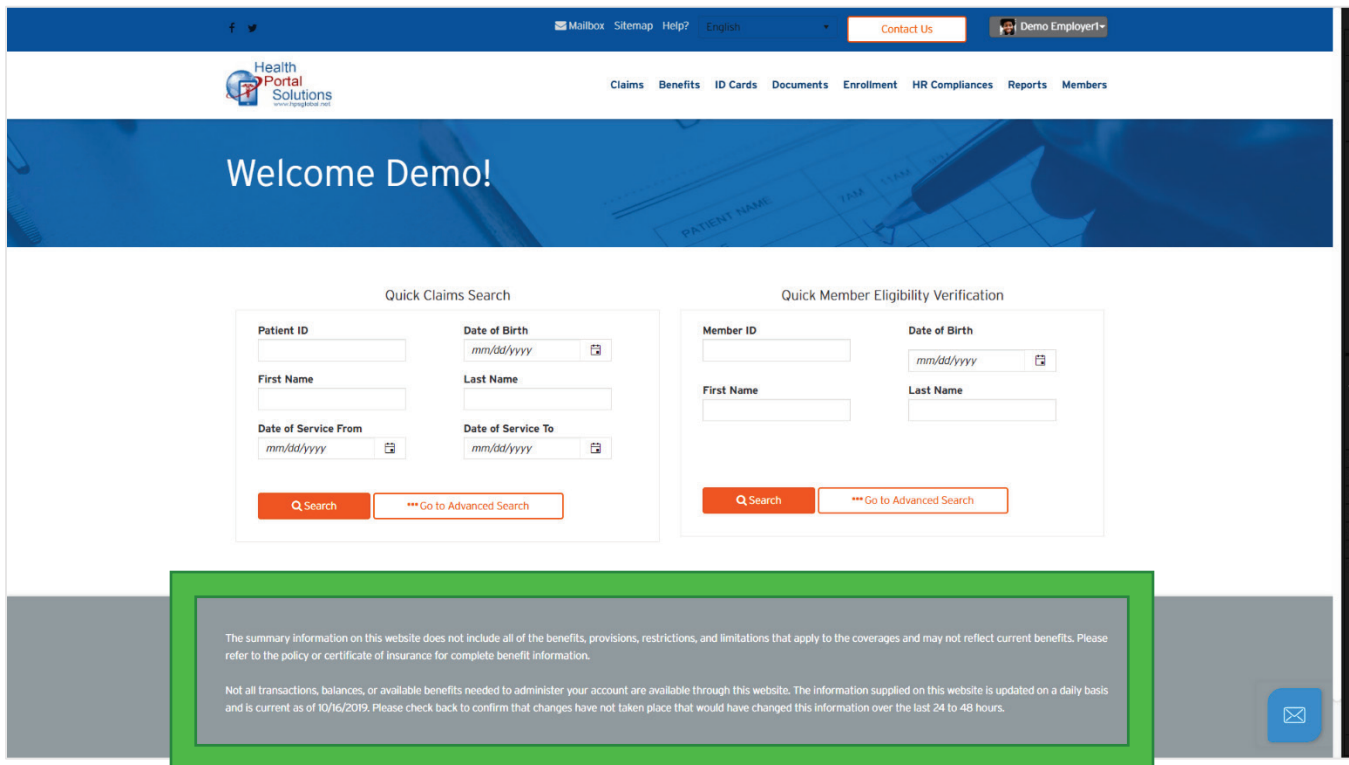
Logo – When logged into the portal, this will link you to the home page. This is typically at the top left of any page.



Page Body – This is where the content unique to any page will be displayed.



Footer – This is at the bottom of all pages.



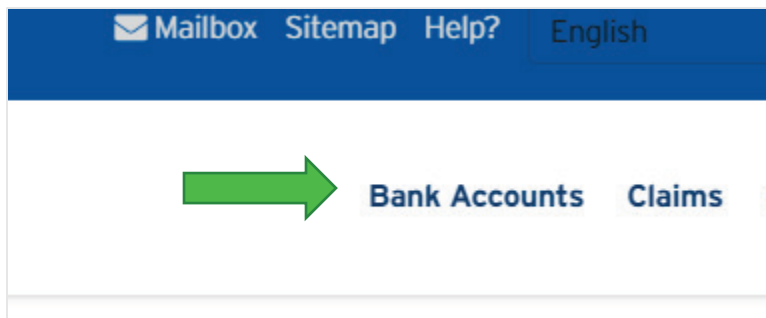
BANK ACCOUNTS

Optional Feature – This feature may be turned on or off, per the preferences of your health portal owner.

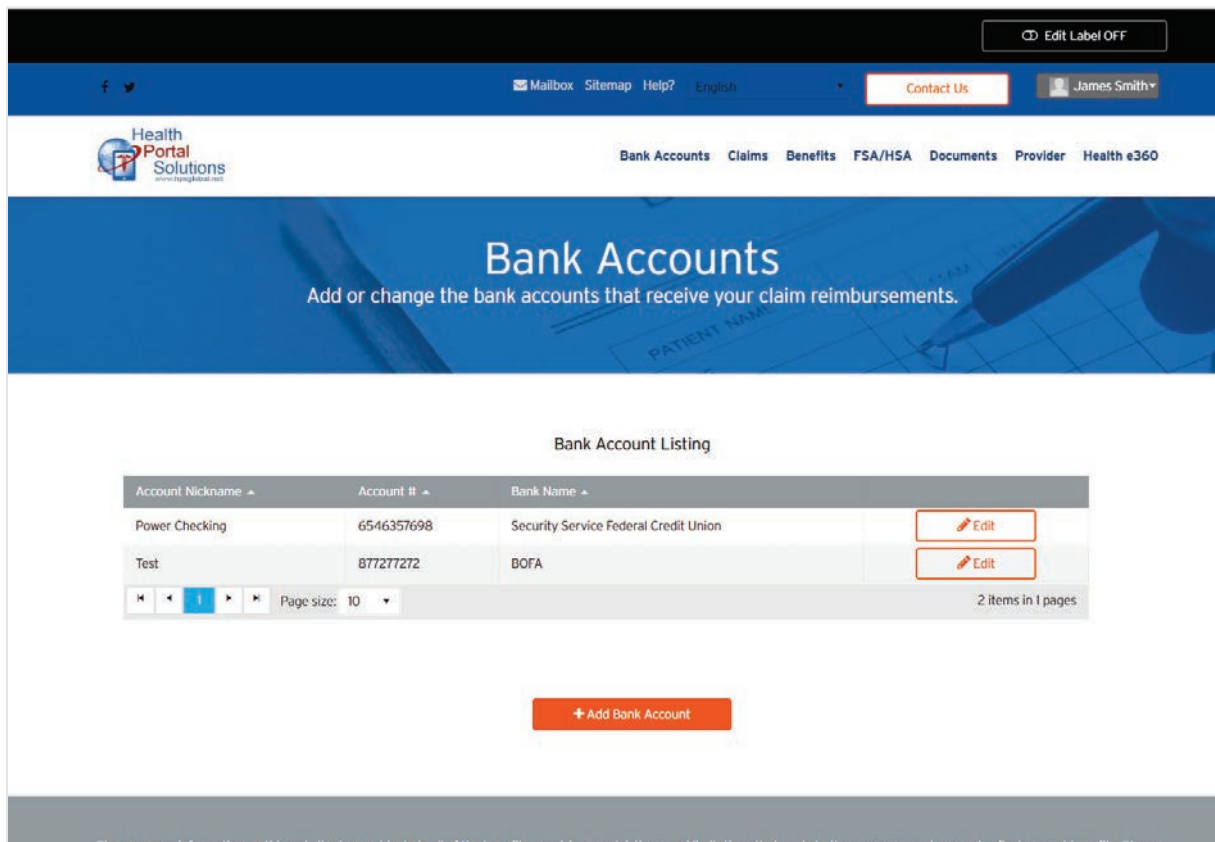
This lets you save one or many bank accounts in your account, so that and claim refunds can be directed to these accounts that you have supplied.

How to Access

1. From the main navigation menu, *click* on the **Bank Accounts** menu item.

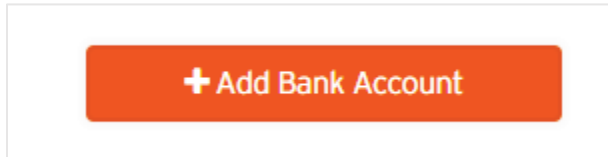


2. You will be directed to the **Bank Accounts** page.

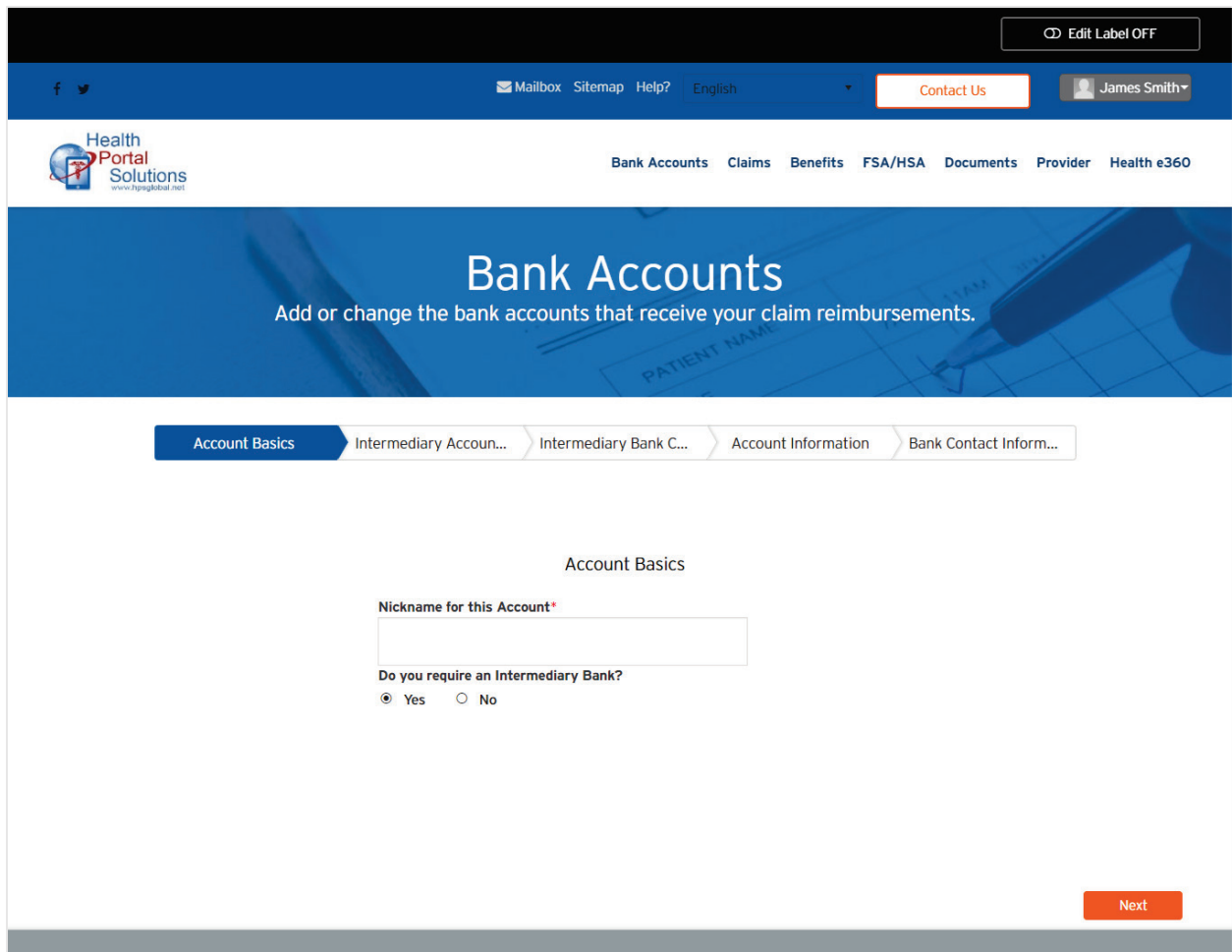


Add New

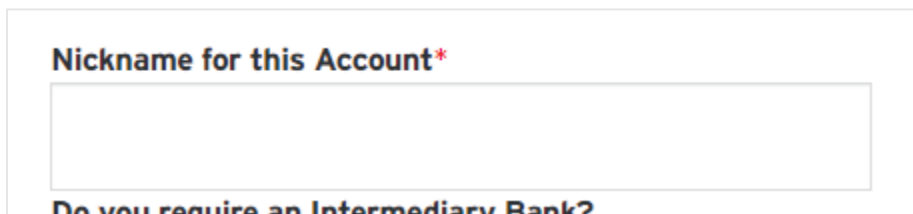
1. From the **Bank Accounts** page, *click* on the **Add Bank Account** button.



2. You will be directed to the **Add Bank Account** Wizard.

A screenshot of the 'Add Bank Account' Wizard interface. At the top right, there is a button labeled 'Edit Label OFF'. Below that is a navigation bar with 'Mailbox', 'Sitemap', 'Help?', and 'English'. A 'Contact Us' button and a user profile for 'James Smith' are also visible. The main header includes the 'Health Portal Solutions' logo and a navigation menu with 'Bank Accounts', 'Claims', 'Benefits', 'FSA/HSA', 'Documents', 'Provider', and 'Health e360'. The main content area has a blue background with the title 'Bank Accounts' and the subtitle 'Add or change the bank accounts that receive your claim reimbursements.' Below this is a progress bar with five steps: 'Account Basics', 'Intermediary Accoun...', 'Intermediary Bank C...', 'Account Information', and 'Bank Contact Inform...'. The 'Account Basics' step is active. The form contains a text input field for 'Nickname for this Account*', a question 'Do you require an Intermediary Bank?' with radio buttons for 'Yes' (selected) and 'No', and a 'Next' button at the bottom right.

3. *Type* to enter a **Nickname for this Account**.

A screenshot of the 'Nickname for this Account*' input field. The text 'Nickname for this Account*' is displayed in bold above a large, empty text input box. Below the input box, the text 'Do you require an Intermediary Bank?' is partially visible.

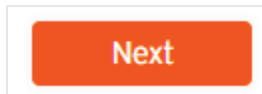
4. An intermediary bank is sometimes needed for international banking. If this is something you know to need, this would apply to you. If you don't know what this is, this probably does not apply to you.

Use the radio options to answer the question, “Do you require an Intermediary Bank?”

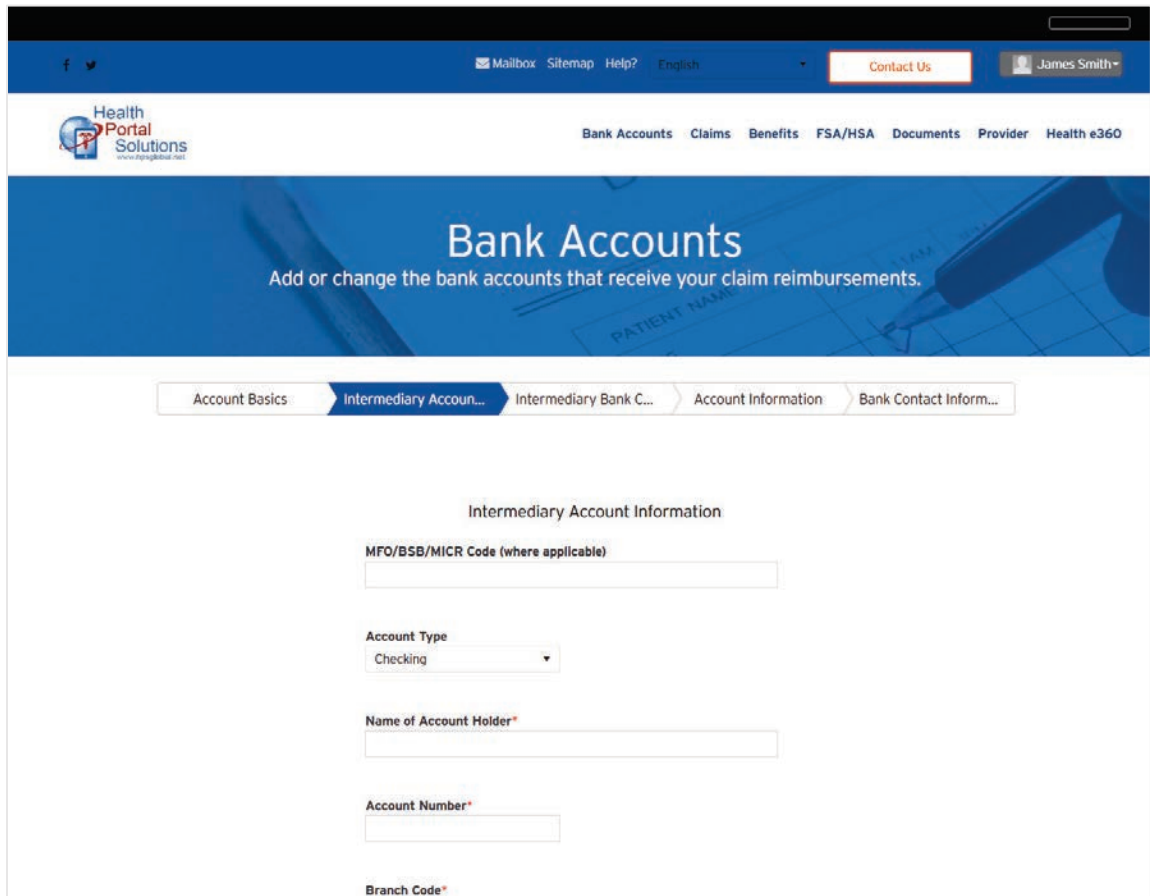
Do you require an Intermediary Bank?

Yes No

- a. IF you require an **Intermediary Bank**, please follow these extra steps:
- b. Click the **Next** button.



- c. You would be directed to the **Intermediary Account Information** step.



- d. Type to enter your **MFO/BSB/MICR Code (where applicable)**.

MFO/BSB/MICR Code (where applicable)

- e. Use the drop-down selector to define your **Account Type**.

Account Type

Checking ▼

Checking

Savings

- f. Type to enter your **Name of Account Holder**.

Name of Account Holder*

- g. Type to enter your **Account Number**.

Account Number*

- h. Type to enter your **Branch Code**.

Branch Code*

- i. Type to enter your **IBAN Number**.

IBAN Number

j. Type to enter your **SWIFT Code**.

SWIFT Code

k. Type to enter your **IFSC / ABA / Routing**.

IFSC / ABA / Routing

l. Click the **Next** button.

Next

m. You will be directed to the **Intermediary Bank Contact Information** step.

Health Portal Solutions

Bank Accounts | Claims | Benefits | FSA/HSA | Documents | Provider | Health e360

Bank Accounts

Add or change the bank accounts that receive your claim reimbursements.

Account Basics | Intermediary Account... | **Intermediary Bank C...** | Account Information | Bank Contact Inform...

Intermediary Bank Contact Information

Bank Name*

Purpose of Transfer

Bank Address

Address Line 1

Address Line 2

n. Type to enter your **Bank Name**.

Bank Name*

- o. Type to enter your **Purpose of Transfer**.

Purpose of Transfer

- p. Type to enter your **Address Line 1**.

Address Line 1

- q. Type to enter your **Address Line 2**.

Address Line 2

- r. Type to enter your **Town / City**.

Town / City

- s. Type to enter your **State / Province**.

State / Province

- t. Type to enter your **Postal Code**.

Postal Code

- u. *Type* to enter your **Country**. As you type, the drop-down menu will show relevant options that you can pick from.

Country

Select a Country...

Select a Country...

Afghanistan

Albania

Algeria

American Samoa

Andorra

Angola

Anguilla

Antarctica

Antigua And Barbuda

Argentina

Armenia

Aruba

- v. *Type* to enter your **Territory**.

Territory

- w. *Type* to enter your **County**.

County

- x. Type to enter your **Contact Phone**.

Contact Phone

- y. Type to enter your **Ext.**

Ext

5. Click the **Next** button.

Next

6. You will be directed to the **Account Information** page.

7. Type to enter your **Preferred Currency**. As you type, the drop-down menu will show you relevant options to pick from.

Preferred Currency*

Mexico Peso MXN

8. Type to enter your **Tax ID (where applicable)**.

Tax ID (where applicable)

9. Type to enter your **MFO/BSB/MICR Code (where applicable)**.

MFO/BSB/MICR Code (where applicable)

10. Use the drop-down menu to select your **Account Type**.

Account Type

Checking ▼

Checking

Savings

11. Type to enter your **Name of Account Holder**.

Name of Account Holder*

12. Type to enter your **Account Number**.

Account Number*

13. Type to enter your **Branch Code**.

Branch Code*

14. Type to enter your **IBAN Number**.

IBAN Number

15. Type to enter your **SWIFT Code**.

SWIFT Code

16. Type to enter your **IFSC / ABA / Routing**.

IFSC / ABA / Routing

17. Click the **Next** button.

Next

18. You will be directed to **Bank Contact Information** page.

The screenshot shows a web interface for managing bank accounts. At the top, there is a blue banner with the text "Bank Accounts" and "Add or change the bank accounts that receive your claim reimbursements." Below the banner is a navigation bar with five tabs: "Account Basics", "Intermediary Accoun...", "Intermediary Bank C...", "Account Information", and "Bank Contact Inform...". The "Bank Contact Inform..." tab is selected and highlighted in blue. Below the navigation bar, the page title "Bank Contact Information" is centered. There are four input fields: "Bank Name*" (with an asterisk indicating it is required), "Purpose of Transfer", "Bank Address", and "Address Line 1".

19. *Type* to enter your **Bank Name**.

A close-up of the "Bank Name*" input field. The text "Rica Bank" is entered into the field.

20. *Type* to enter your **Purpose of Transfer**.

A close-up of the "Purpose of Transfer" input field. The text "health savings" is entered into the field.

21. Type to enter your **Address Line 1**.

Address Line 1

22. Type to enter your **Address Line 2**.

Address Line 2

23. Type to enter your **Town / City**.

Town / City

24. Type to enter your **State / Province**.

State / Province

25. Type to enter your **Postal Code**.

Postal Code

26. Type to enter your **Country**. As you type, the drop-down menu will show you relevant options to pick from.

Country

27. Type to enter your **Territory**.

Territory

28. Type to enter your **County**.

County

29. Type to enter your **Contact Phone**.

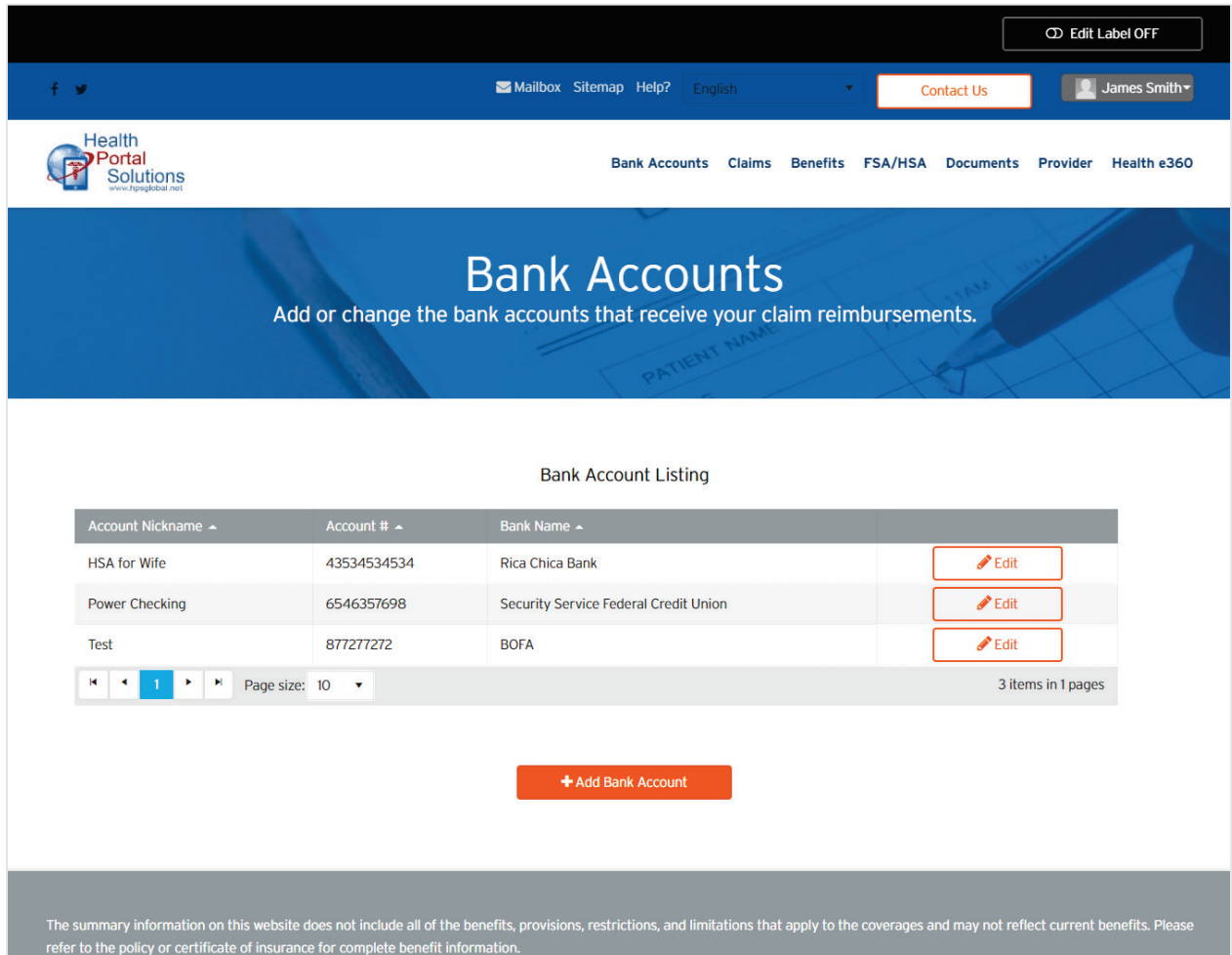
Contact Phone

30. Type to enter your Phone **Extension**.

Ext

31. Click the **Add Account** button.

32. You will see the new entry on the **Bank Account Listing**.



Health Portal Solutions
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Bank Accounts Claims Benefits FSA/HSA Documents Provider Health e360

Bank Accounts

Add or change the bank accounts that receive your claim reimbursements.

Bank Account Listing

Account Nickname	Account #	Bank Name	
HSA for Wife	43534534534	Rica Chica Bank	Edit
Power Checking	6546357698	Security Service Federal Credit Union	Edit
Test	877277272	BOFA	Edit

Page size: 10 3 items in 1 pages

[+ Add Bank Account](#)

The summary information on this website does not include all of the benefits, provisions, restrictions, and limitations that apply to the coverages and may not reflect current benefits. Please refer to the policy or certificate of insurance for complete benefit information.

Delete

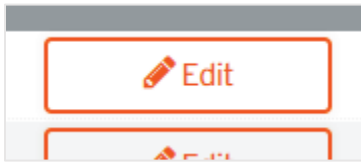
1. From the **Bank Account Listing** page, *locate* the bank account that you want to delete.
2. *Click* on the **Delete** button (if present).

Modify

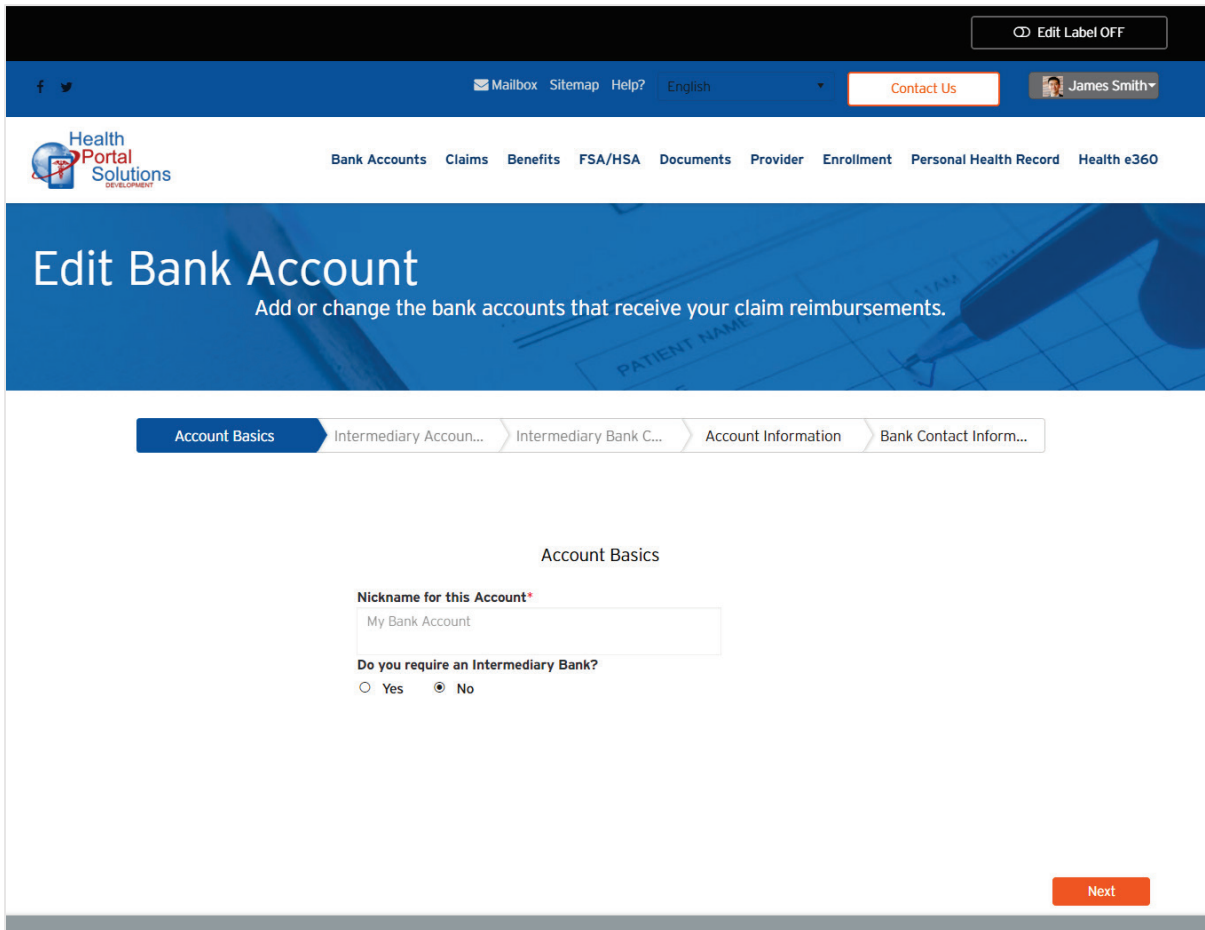
1. From the **Bank Account Listing** page, *locate* the bank account that you want to edit.

Account Nickname	Account #	Bank Name	
My Bank Account	7412368065	SACU	Edit

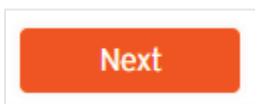
2. Click on the **Edit** button.



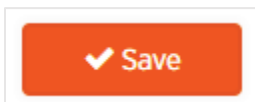
3. You will be directed into the **Edit Bank Account** wizard.



4. Make your edits as needed and *click* **Next** on each step. Repeat through all the steps.



5. Click on the **Save** button to save your changes.

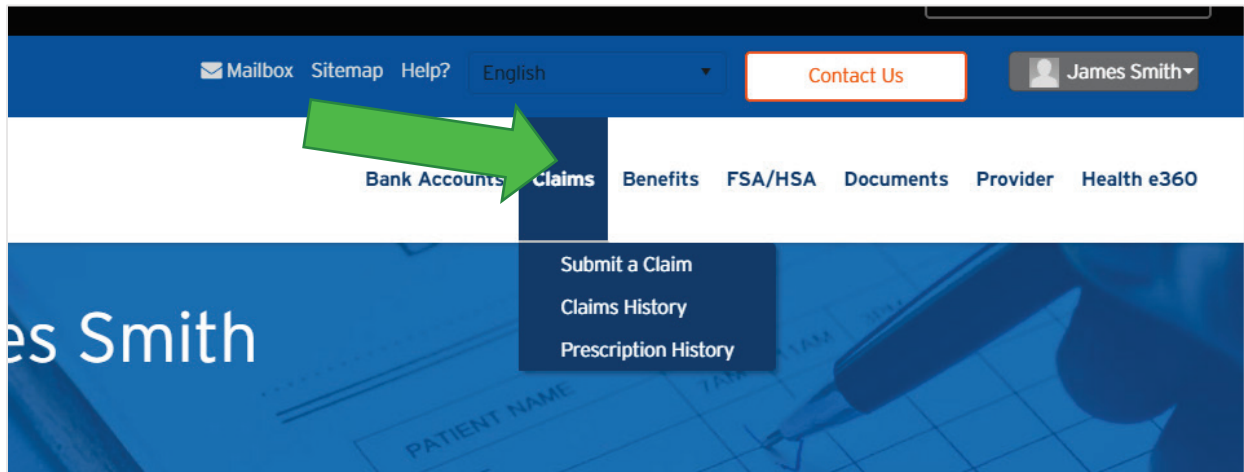


CLAIMS

Submit a New Claim (Medical, Vision, Dental or Pharmacy)

Once logged in to the portal, please follow these steps:

1. In the white navigation menu, *hover* over the **Claims** menu item to reveal its drop-down menu.



2. *Click* on the **Submit a Claim** menu item.



3. You will be directed to the **Submit Claim** wizard.

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Bank Accounts Claims Benefits FSA/HSA Documents Provider Health e360

Submit Claim

Submit your claim for reimbursement quickly and securely.

Claim Details Payment Details Documentation Review & Sign

Claim Details

Which policy member received treatment?
James Smith

Claim Type
 Medical Pharmacy Dental Vision

Is the patient covered by another health policy?
 Yes No

Were your injuries caused by an accident?
 Yes No

Nature of Condition / Illness / Injury*

4. Use your drop-down selector to answer **Which policy member received treatment?**

Which policy member received treatment?
James Smith

James Smith
TAMARA W Smith
ALICE T Smith
ART W Smith

Is the patient covered by another health policy?

5. Use the radio options to choose one **Claim Type**.

Claim Type

Medical Pharmacy Dental Vision

6. Use the radio selector to answer whether this claim **Is the patient covered by another health policy?**

Is the patient covered by another health policy?

Yes No

- a. If you answered **Yes**, you will be prompted to answer a few more fields.

- i. Type to enter your **Other Carrier Name**.

Other Carrier Name

- ii. Type to enter your Other Insurance **Policy Number**.

Other Insurance Policy Number

- iii. Type to enter your **Policyholder Name**.

Policyholder Name

7. Use the radio options to answer **Were your injuries caused by an accident?**

Were your injuries caused by an accident?

Yes No

- a. If you picked **Yes**, you will be asked to answer a few more questions:

- i. Use the radio options to answer **Motor Vehicle Related?**

Motor Vehicle Related?

Yes No

- ii. Use the radio options to answer **Work Related?**

Work Related?

Yes No

- iii. Type in the text area to **Provide Accident Details.**

Provide Accident Details

1. Click on the calendar icon to **Provide Accident Date.**

Provide Accident Date

December, 2019

S	M	T	W	T	F	S
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

- a. You may use the date picker by clicking on the **Calendar** icon, then arrowing back to your needed year, month, and then clicking on your date.

- b. Optionally, you can type in your date in a numeric fashion, where “01032000” will convert to the 3rd of January 2000.
 - c. Optionally, you can also type in the alphanumeric characters, “03-Jan-2000” inclusive of the dashes when you type.
 - iv. Use the radio options to answer **Do you hold any other insurance policy (i.e. car insurance) which provides you with coverage in relation to this accident injury?**

Do you hold any other insurance policy (i.e. car insurance) which provides you with coverage in relation to this accident injury?

Yes No

- 1. If you answer yes, type to answer **If yes, please provide details including the insurer and you policy number.**

If yes, please provide details including the insurer and you policy number

- v. Use the radio options to answer **Are you filing a claim or lawsuit against a third party (including an insurance company) to recover costs incurred as a result of this accident injury?**

Are you filing a claim or lawsuit against a third party (including an insurance company) to recover costs incurred as a result of this accident injury?

Yes No

- 1. If you answer **Yes**, type to answer **If yes, please provide details**

If yes, please provide details

8. Depending on the **Claim Type**, you may be prompted for additional information.

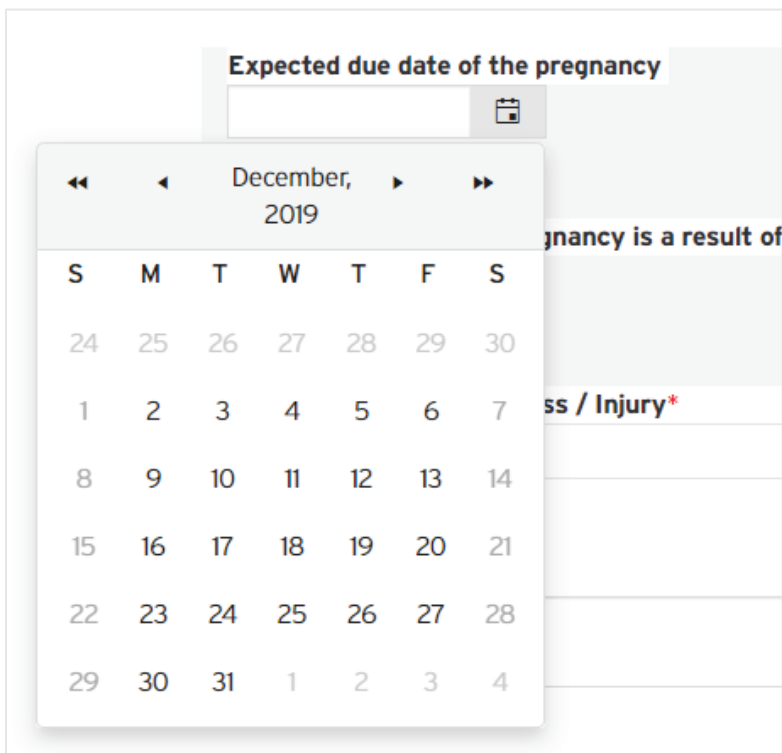
a. Medical

- i. Use the radio options to answer **Is the claim for maternity related?**

Is the claim for maternity related?

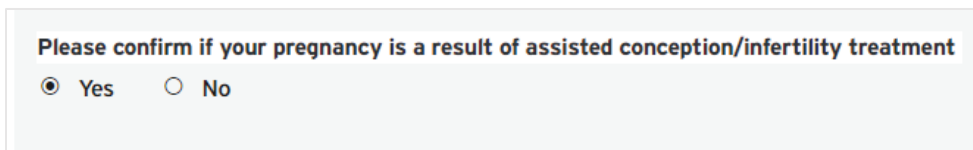
Yes No

- ii. Click on the calendar icon to set a date for **Expected due date of the pregnancy**



The image shows a form field titled "Expected due date of the pregnancy" with a calendar icon. A date picker is open, displaying a calendar for December 2019. The calendar has a header with navigation arrows and the text "December, 2019". The days of the week are listed as S, M, T, W, T, F, S. The dates are arranged in a grid from 24 to 31. The date 30 is highlighted. Below the calendar, there is a text input field with the label "Pregnancy is a result of" and a red asterisk. Below that, there is a text input field with the label "Loss / Injury*" and a red asterisk.

- a. You may use the date picker by clicking on the **Calendar** icon, then arrowing back to your needed year, month, and then clicking on your date.
- b. Optionally, you can type in your date in a numeric fashion, where "01032000" will convert to the 3rd of January 2000.
- c. Optionally, you can also type in the alphanumeric characters, "03-Jan-2000" inclusive of the dashes when you type.
- iii. Use the radio options to answer **Please confirm if your pregnancy is a result of assisted conception/infertility treatment**



The image shows a form field with the title "Please confirm if your pregnancy is a result of assisted conception/infertility treatment". Below the title are two radio buttons: "Yes" (which is selected) and "No".

- b. Dental

- i. *Type* to enter data for **For dental claims, please indicate the related tooth and ensure itemised breakdown of services is included**

For dental claims, please indicate the related tooth and ensure itemised breakdown of services is included

- 9. Use the drop-down selector to choose **Nature of Condition / Illness / Injury**.

Nature of Condition / Illness / Injury*

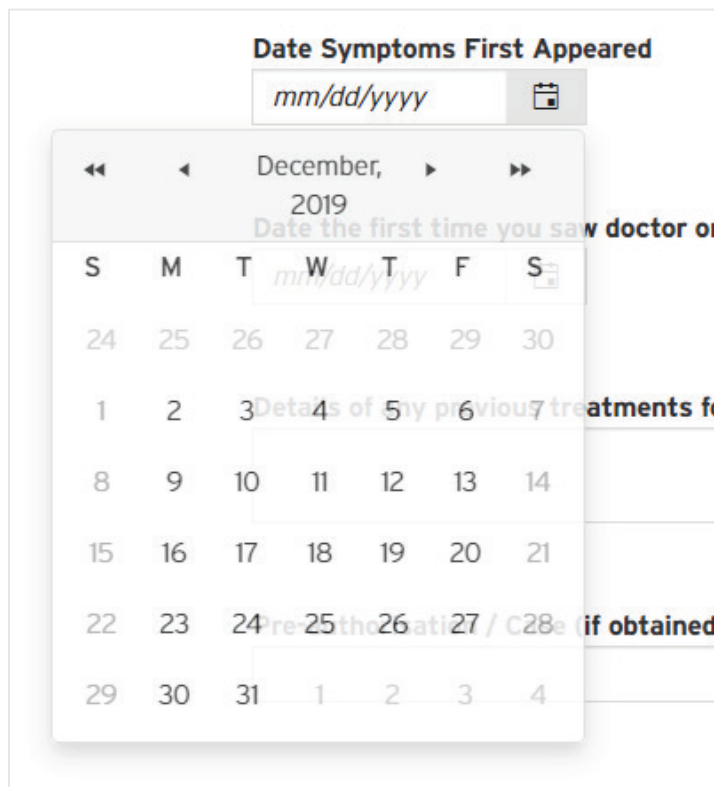
▼

- BLOOD, HEART AND CIRCULATORY SYSTEM
- CANCER
- DENTAL
- DERMATOLOGY
- DIGESTIVE SYSTEM
- EAR, NOSE, MOUTH, THROAT
- EYE
- FEMALE REPRODUCTIVE SYSTEM
- GENERAL PHYSICAL/WELLNESS
- HORMONAL AND NUTRITIONAL

- 10. *Type* to **Description of Condition**

Description of Condition


11. Click on the calendar icon to set a date for **Date Symptoms First Appeared**



- a. You may use the date picker by clicking on the **Calendar** icon, then arrowing back to your needed year, month, and then clicking on your date.
- b. Optionally, you can type in your date in a numeric fashion, where "01032000" will convert to the 3rd of January 2000.
- c. Optionally, you can also type in the alphanumeric characters, "03-Jan-2000" inclusive of the dashes when you type.

12. Click on the calendar icon to set a date for **Date the first time you saw doctor or received treatment for this condition**

Date the first time you saw doctor or received treatment for this condition

mm/dd/yyyy 

atments for this Condition / Illness / Injury

S	M	T	W	T	F	S
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

if obtained)

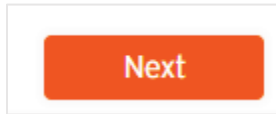
- a. You may use the date picker by clicking on the **Calendar** icon, then arrowing back to your needed year, month, and then clicking on your date.
- b. Optionally, you can type in your date in a numeric fashion, where “01032000” will convert to the 3rd of January 2000.
- c. Optionally, you can also type in the alphanumeric characters, “03-Jan-2000” inclusive of the dashes when you type.
13. Type to enter **Details of any previous treatments for this Condition / Illness / Injury.**

Details of any previous treatments for this Condition / Illness / Injury

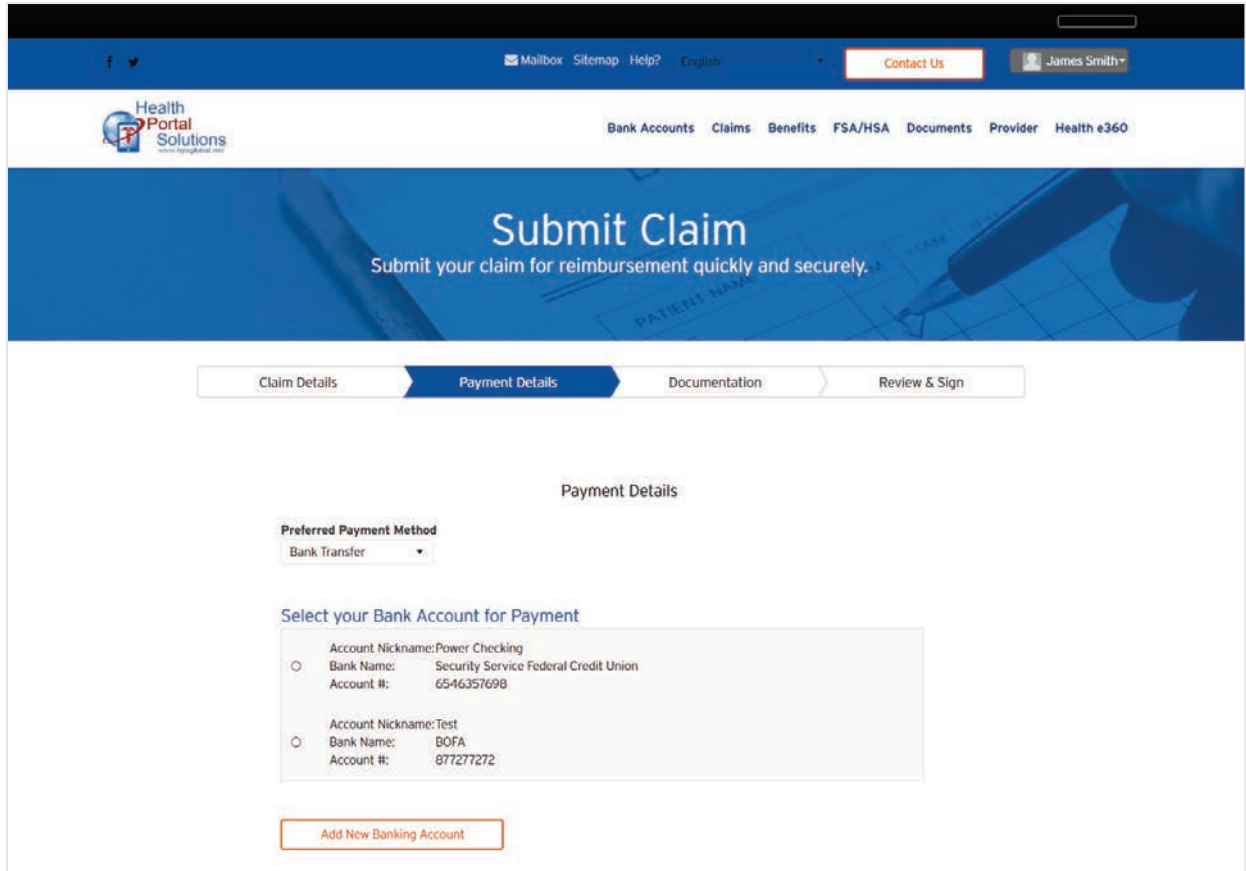
14. Type to enter **Pre-authorization / Case (if obtained)**

Pre-authorization / Case (if obtained)

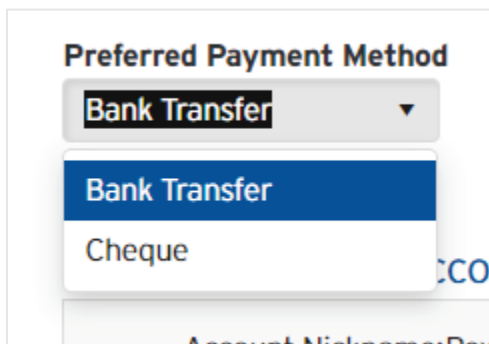
15. Click on the **Next** button.



16. You will be directed to the **Payment Details** step.



17. Choose your **Preferred Payment Method** by using the drop-down selector.



a. IF **Bank Transfer** is selected.

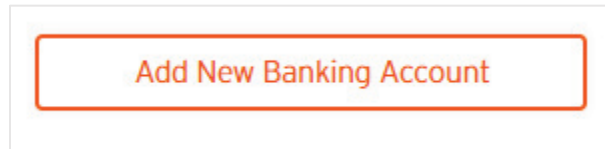
- i. Use the radio options to **Select your Bank Account for Payment**.

Select your Bank Account for Payment

Account Nickname: Power Checking
Bank Name: Security Service Federal Credit Union
Account #: 6546357698

Account Nickname: Test
Bank Name: BOFA
Account #: 877277272

1. If you don't see your preferred bank account, you can *click* the **Add New Bank Account** button to add it.



Please jump to the **Bank Accounts** (p. 32) section of this document for further instructions.

- b. IF **Cheque** is selected.

- i. The screen will update to request mailing information.

Preferred Payment Method
Cheque

Payee Name
James Smith

Preferred Payment Currency*
Select a Currency

Mailing Address for Settlement Cheque

Address
*Line 1** 5284 PR 5576
Line 2

Town / City*
MIDWAY

State / Province
TX

Territory

Postal Code
75468

1. Type to enter the **Payee Name**.

Payee Name
James Smith

2. Type to enter the **Preferred Payment Currency**. As you type, the drop-down list will shorten to relevant options to pick from.

Preferred Payment Currency*

United Arab Emirates Dirham	AED
Afghanistan Afghani	AFN
Albania Lek	ALL
Armenia Dram	AMD
Netherlands Antilles Guilder	ANG
Angola Kwanza	AOA
Argentina Peso	ARS
Australia Dollar	AUD
Aruba Guilder	AWG
Azerbaijan New Manat	AZN
Bosnia and Herzegovina Convertible Marka	BAM
Bahamas Dollar	BSD

3. Enter your **Mailing Address for Settlement Cheque**. Type to enter address **Line 1** and **Line 2**.

Mailing Address for Settlement Cheque

Address

Line 1*	5284 PR 5576
Line 2	

4. Type to enter your **Town / City**.

Town / City*

MIDWAY

5. Type to enter your **State / Province**.

State / Province

TX

6. Type to enter your **Territory**.

Territory

7. Type to enter your **Postal Code**.

Postal Code

8. Type to enter your **Country**.

Country*

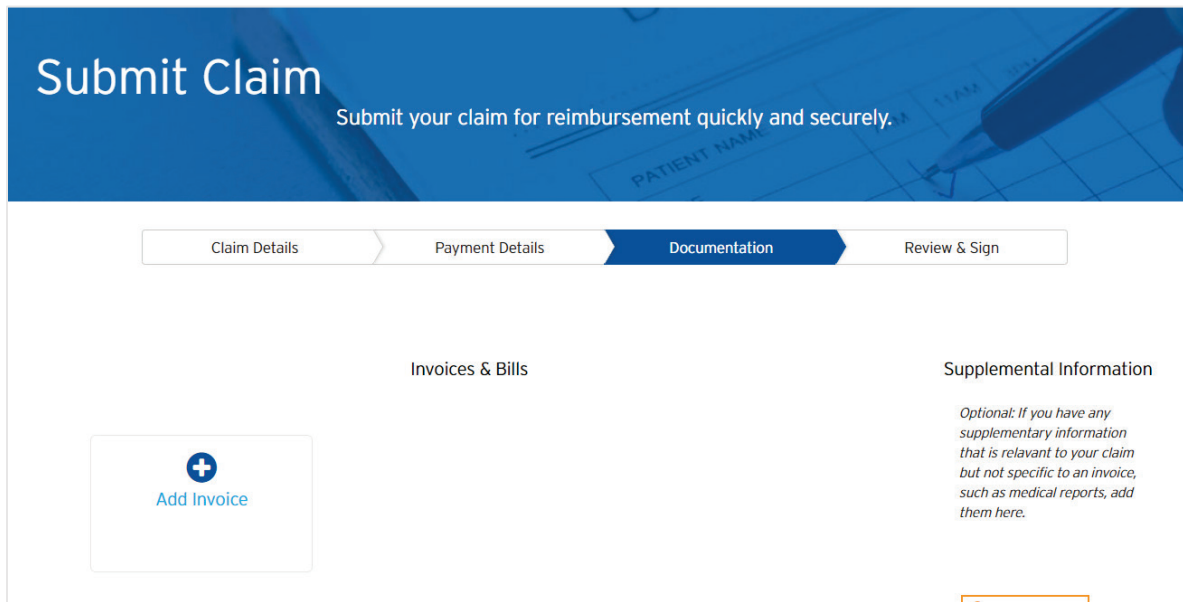
Select a Country...

- Select a Country...
- Afghanistan
- Albania
- Algeria
- American Samoa
- Andorra
- Angola

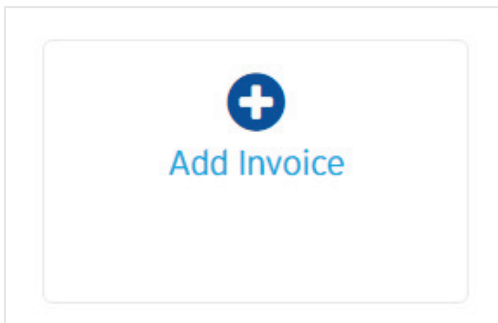
18. Click on the **Next** button.

Next

19. You will be directed to the **Documentation** step.



20. You must add at least one invoice. *Click* on the **Add Invoice** button.



21. A window will appear with options to add your invoice details.

The screenshot shows a web application window titled "Submit a Claim - Invoices & Bills". The window contains the following fields and controls:

- Date of Invoice***: A date picker set to 1/1/2020.
- Amount Paid***: A text input field containing 4,141.04.
- Country**: A dropdown menu set to Afghanistan Afghani.
- Invoice Documents***: A section with supported document types (.pdf, .doc, .xls, .rtf, .docx, .xlsx, .tiff, .tif, .bmp, .jpeg, .jpg, .png, .gif) and a file upload area. A file named "aphostrophy.png" is listed with a "Remove" link. An "Upload Invoice Documents" button is present.
- Description of Invoice***: A dropdown menu set to "OUTPATIENT PSYCHIATRIC/ COUNSELING SERVICES".
- Copy information from previous invoice entry
- Provider Name***: A text input field containing "Dr. Santos".
- Additional Documentation**: A section with an "Upload Files" button.
- Country of Treatment***: A dropdown menu set to "Select a Country...".

At the bottom of the window, there are "Delete" and "Save" buttons.

a. Enter the **Date of Invoice**.

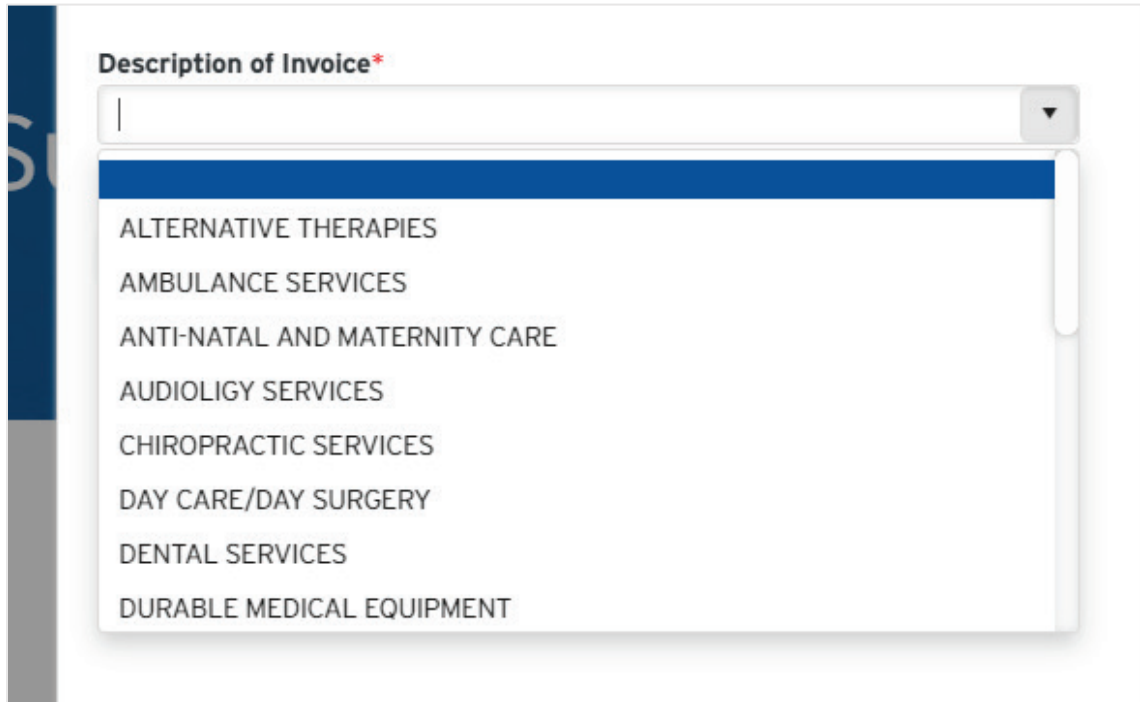
The screenshot shows a form with two fields: "Date of Invoice*" and "Amount Paid*". The "Date of Invoice*" field contains the placeholder text "mm/dd/yyyy" and a calendar icon. A calendar picker is open, showing the month of December for the year 2019. The calendar grid displays days from 24 to 31, with the days of the week (S, M, T, W, T, F, S) listed above. The "Amount Paid*" field is currently empty.

- i. You may use the date picker by clicking on the **Calendar** icon, then arrowing back to your needed year, month, and then clicking on your date.
- ii. Optionally, you can type in your date in a numeric fashion, where "01032000" will convert to the 3rd of January 2000.
- iii. Optionally, you can also type in the alphanumeric characters, "03-Jan-2000" inclusive of the dashes when you type.

b. Type to enter the **Amount Paid**. Use the drop-down toggle to **Select a Currency**.

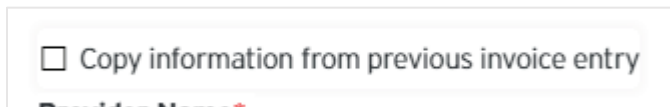
The screenshot shows a form with a blue header bar containing the text "Submit a Claim". Below the header, there is a field labeled "Amount Paid*" which is currently empty. To the right of this field is a drop-down menu with the text "Select a Currency" and a downward-pointing arrow.

- c. Select a **Description of Invoice** with the drop-down selector.



The screenshot shows a web form with a label "Description of Invoice*" above a drop-down menu. The menu is open, displaying a list of service categories: ALTERNATIVE THERAPIES, AMBULANCE SERVICES, ANTI-NATAL AND MATERNITY CARE, AUDIOLIGY SERVICES, CHIROPRACTIC SERVICES, DAY CARE/DAY SURGERY, DENTAL SERVICES, and DURABLE MEDICAL EQUIPMENT. The first item, "ALTERNATIVE THERAPIES", is highlighted with a blue background.

- d. **Copy information from previous invoice entry** is useful when entering multiple invoices to one claim. *Check* this box to import previously entered provider information.



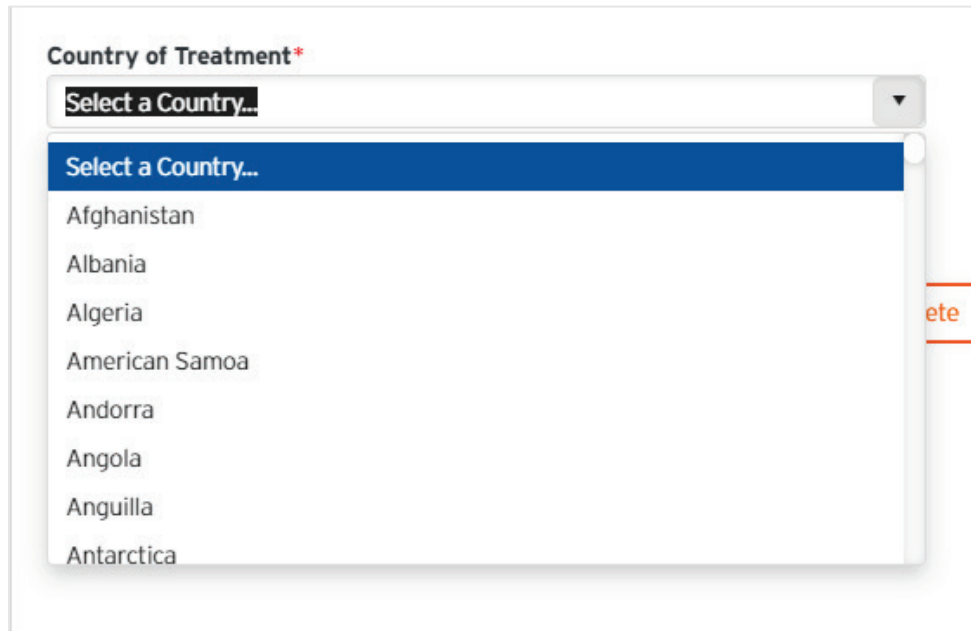
The screenshot shows a checkbox with the label "Copy information from previous invoice entry". The checkbox is currently unchecked.

- e. *Type* to enter the **Provider Name**.



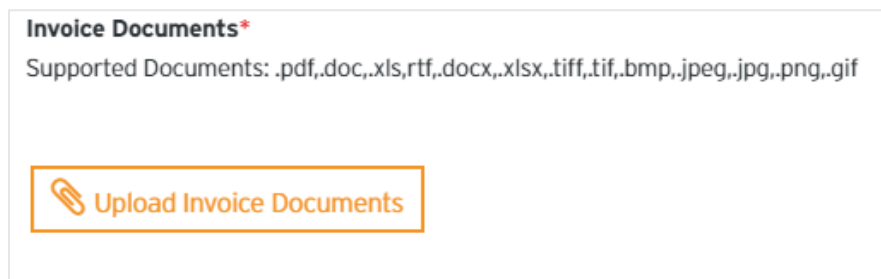
The screenshot shows a text input field with the label "Provider Name*" above it. The input field is empty.

- f. Use the drop-down selector to pick the **Country of Treatment**.



The image shows a web form field titled "Country of Treatment*" with a red asterisk. The dropdown menu is open, displaying a list of countries. The top option is "Select a Country..." in a blue bar. Below it, the following countries are listed: Afghanistan, Albania, Algeria, American Samoa, Andorra, Angola, Anguilla, and Antarctica. A red box highlights the word "ete" on the right side of the dropdown menu.

- g. You will need to submit **Invoice Documents**. Allowed file types are: .pdf, .doc, .xls, .rtf, .docx, .xlsx, .tiff, .tif, .bmp, .jpeg, .jpg, .png, .gif
Click on the **Upload Invoice Documents** button.

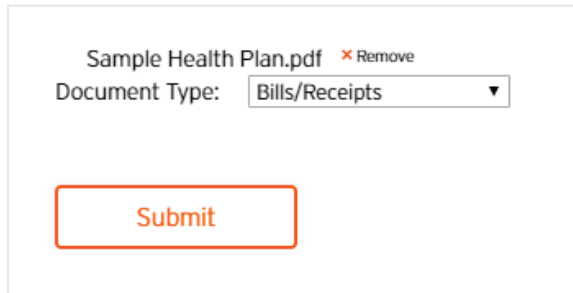


The image shows a web form field titled "Invoice Documents*" with a red asterisk. Below the title, it lists supported document types: ".pdf,.doc,.xls,rtf,.docx,.xlsx,.tiff,tif,.bmp,.jpeg,.jpg,.png,.gif". Below this list is a button with a paperclip icon and the text "Upload Invoice Documents".

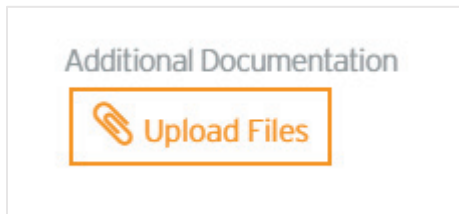
- h. Follow your computer prompts to find your document to be uploaded.
- i. Optional – Some portals let you categorize your attachments as different document type. If you don't have this option, skip this step.

- i. Use the **Document Type** drop down menu to assign the document to a specific category.

You will then need to *click* the **Submit** button.



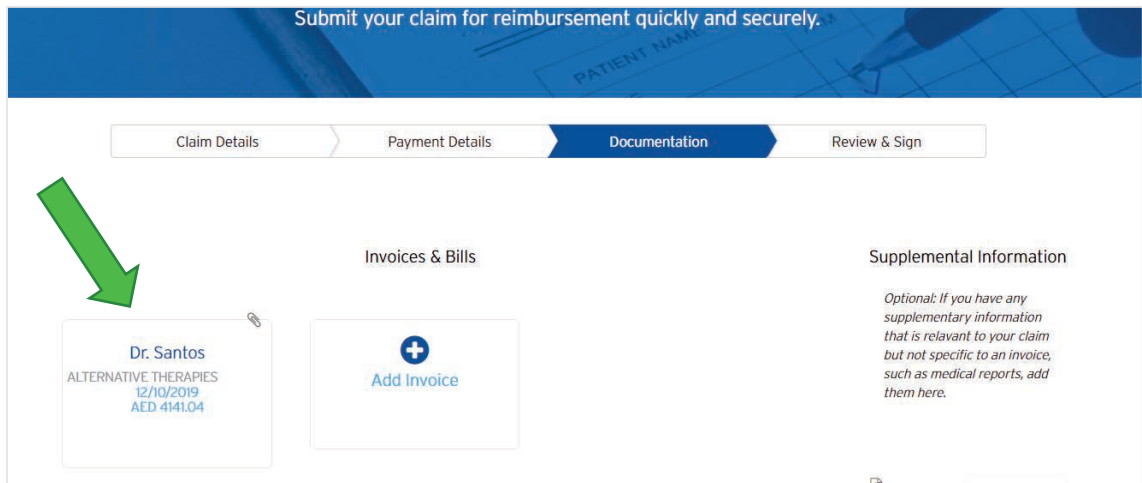
- j. You can *choose* to add **Additional Documentation**, perhaps doctor's notes or your credit card slip. *Click* on the **Upload Files** button.



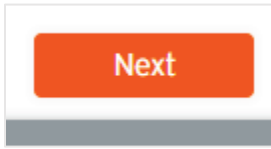
- k. *Click* the **Save** button.



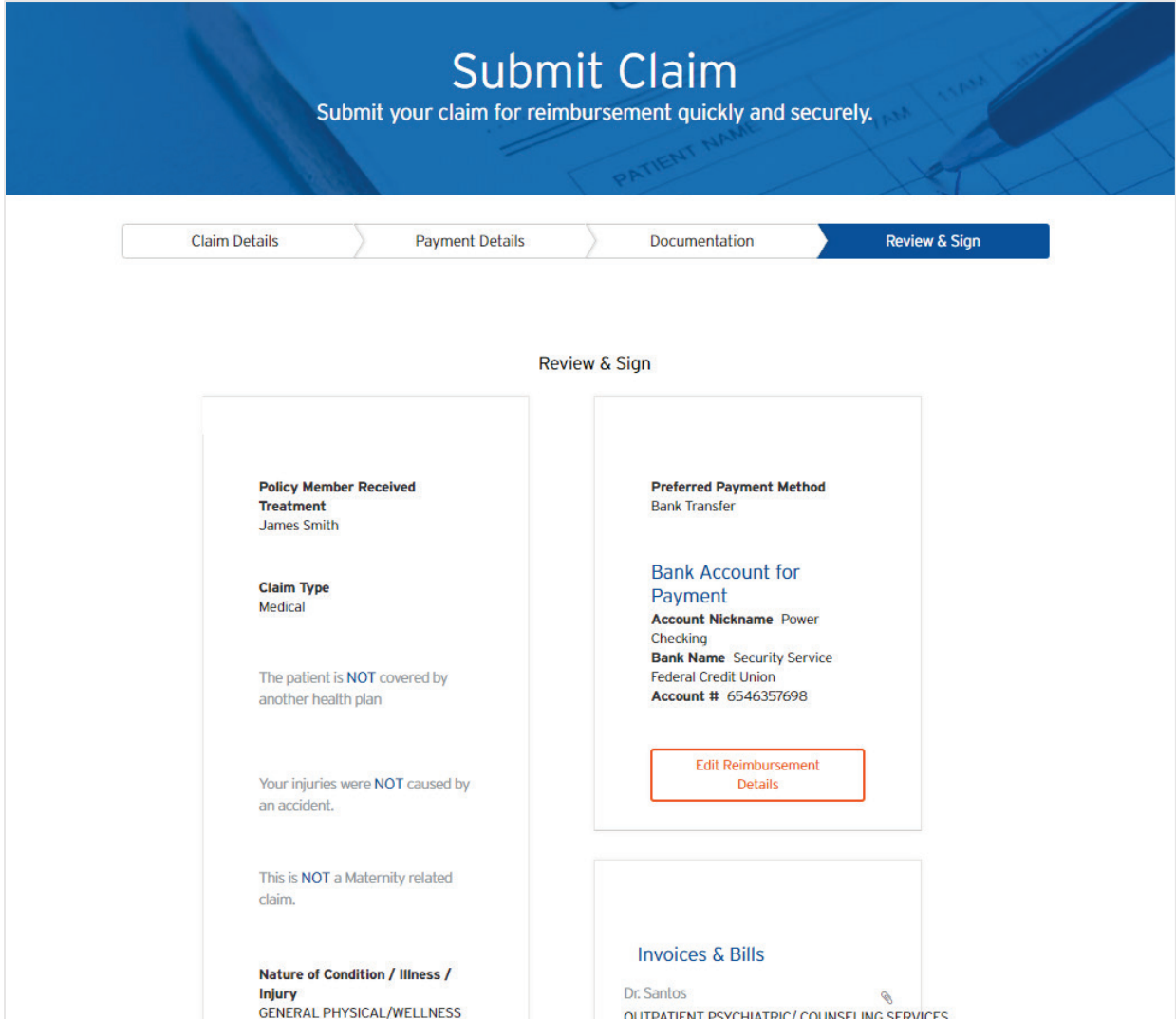
- l. You will see the entry added to the wizard screen.



22. Click the **Next** button.

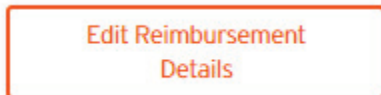


23. You will be directed to the **Review & Sign** step.



24. Read the claim data that you have entered.

a. If you need to make an edit, *click* the **Edit** button.



- i. Proceed to make the edit on that step, and *click* the **Next** button to get back to the **Review & Sign** step.
- b. If everything looks good, *read* the **Terms and Conditions**.

The screenshot shows a multi-step form for reviewing a claim. It is divided into several sections:

- Date the first time you saw doctor or received treatment for this condition**
- Details of any previous treatments for this Condition / Illness / Injury**
- Pre-authorization / Case (if obtained)**
- Additional Payment Information**

Each section has a corresponding "Edit" button: "Edit Claim Details" and "Edit Documentation Details".

A large green rectangular box highlights the **Terms and Conditions** section, which contains:

- Terms and Conditions**
- I agree to the terms and conditions
- Disclaimer**
- I certify that, to the best of my knowledge and belief, the expenses listed above (i) were incurred by me and/or my eligible dependents on the dates indicated;(ii) have not been reimbursed by this plan, and are/will not be reimbursed by any other insurer.

At the bottom of the form, there are three buttons: "Cancel", "Previous", and "Submit Claim".

- i. If you agree to the **Terms and Conditions**, *check* the **I Agree** box.

This is a close-up of the **Terms and Conditions** section. It features the heading "Terms and Conditions" in blue, followed by a checkbox and the text "I agree to the terms and conditions".

25. *Click* the **Submit Claim** button.

A rectangular button with an orange background and white text that reads "Submit Claim".

26. You will be directed to a **Claim Submitted** confirmation page.

Submit Claim
Submit your claim for reimbursement quickly and securely.

Claim Submitted!

No further action is required from you at this time.
You may check on your claim status under the Claims section of this website at any time.

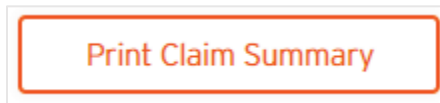
Claim Number
Pending

Claim Reference Number
1078

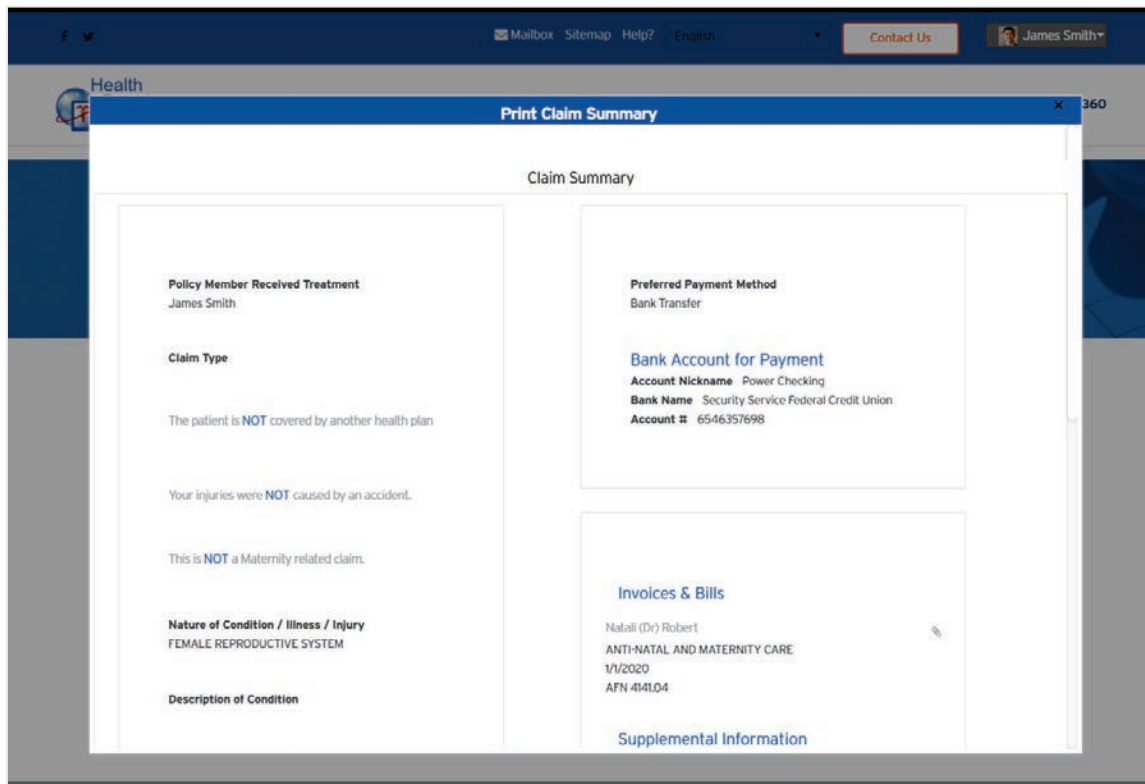
[Print Claim Summary](#)

27. Optional – You may want to print (or print to PDF), a copy of your claim.

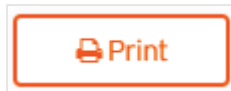
- a. Click the **Print Claim** Summary button.



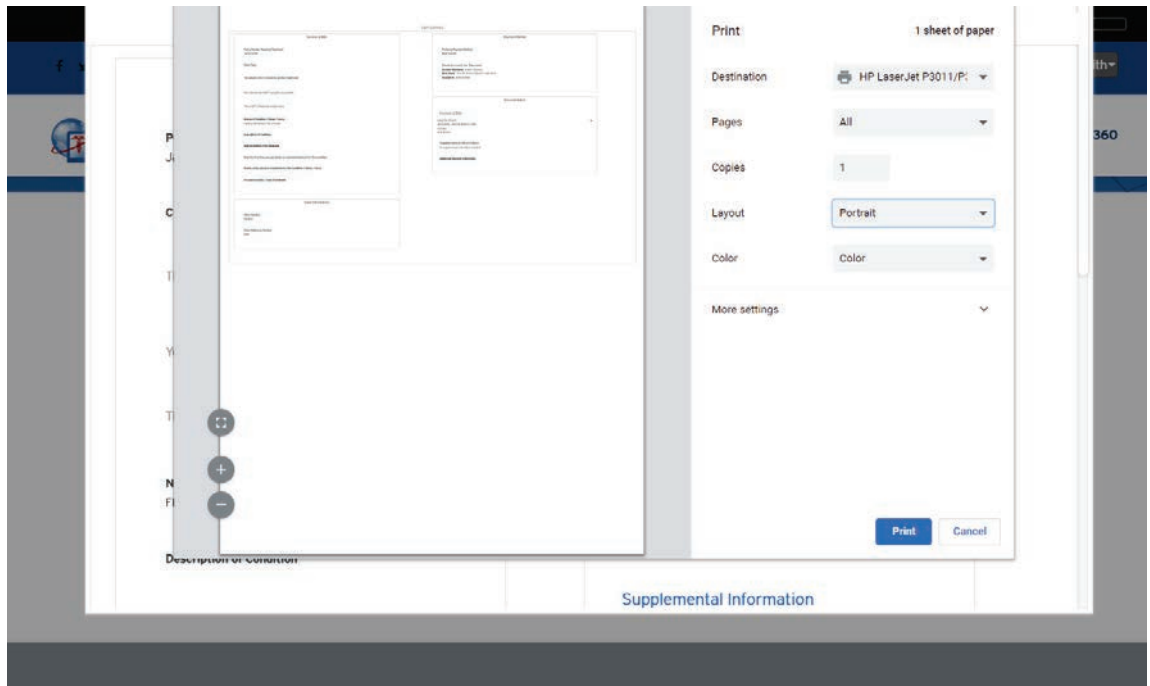
- b. A **Print Claim Summary** window will appear with a printer friendly version of the page.



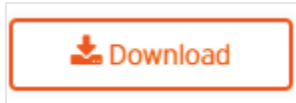
- c. Click the **Print** button to trigger your browser's print function.



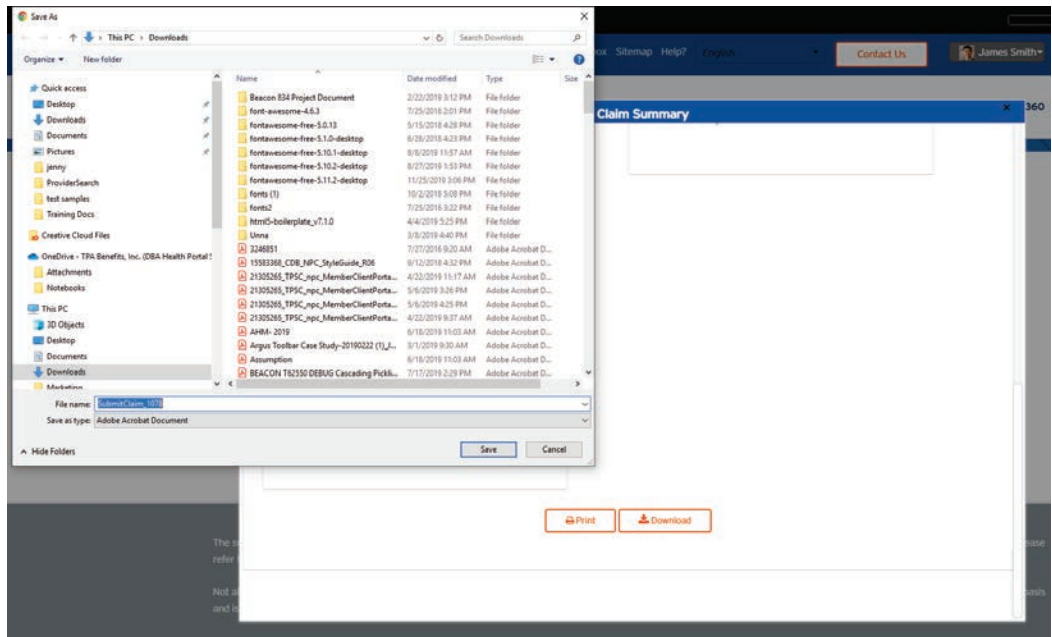
- i. Follow your browser prompt instructions.



- d. Click the **Download** button to download a PDF.



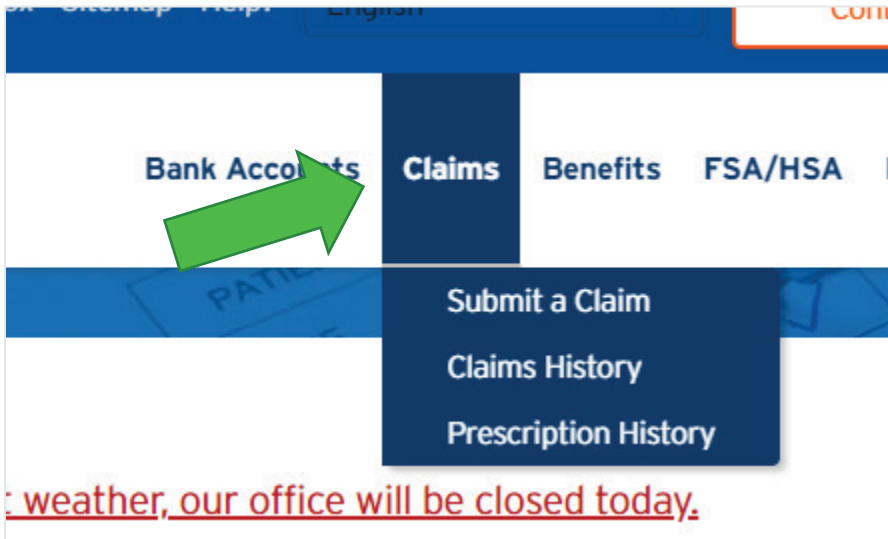
- i. Follow your browser Save As instructions.



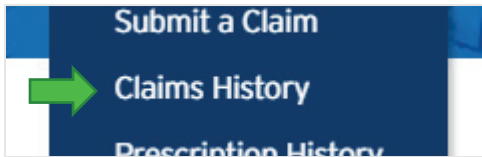
Medical Claims History

How to Access

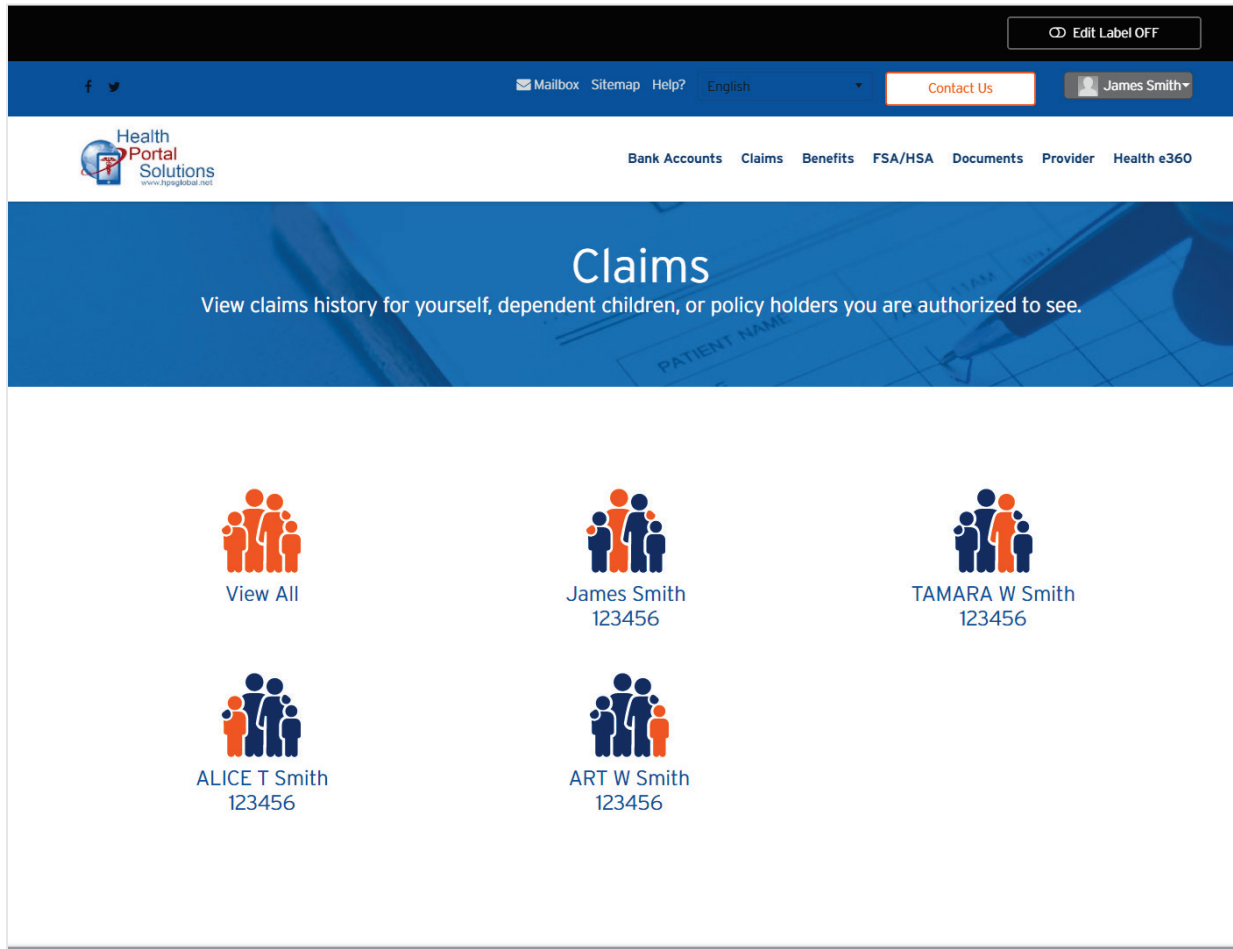
1. From the white navigation menu, *hover* over the **Claims** menu item.



2. Click on the **Claims History** menu item.



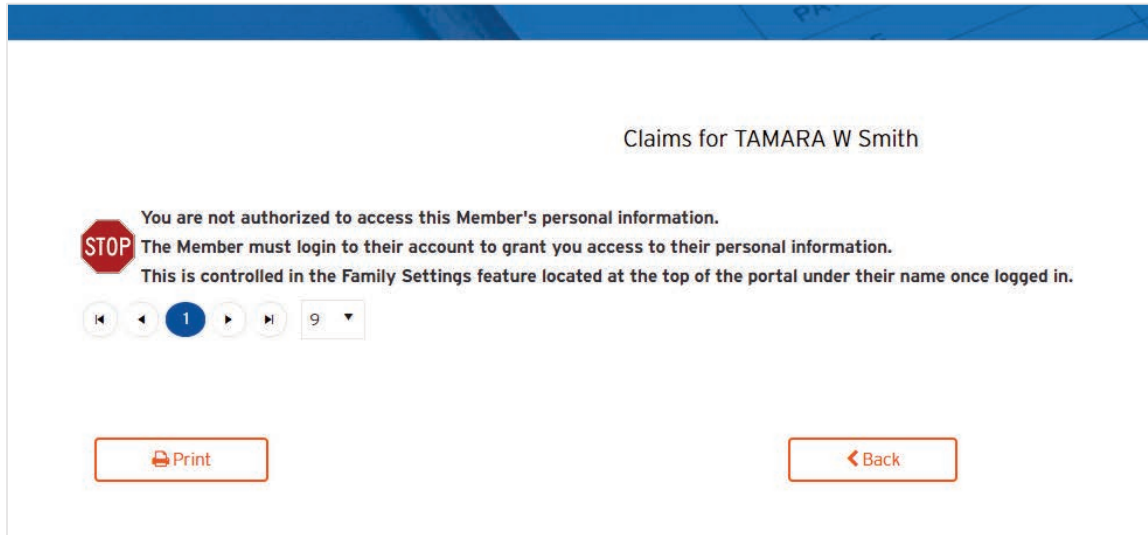
3. You will be directed to the **Claims** landing page.



4. Click on the **person** whose claims that you want to view.



- a. Note, if your family member has NOT granted you permission to view their data, you will not be able to see their data. Ask them to make their own website account and follow the directions in the **Family Settings** (p. 191) section of this guide.



- You will be directed to a page that list the needed claims.

The screenshot displays the 'Claims' section of the Health Portal Solutions website. The page header includes navigation links for 'Bank Accounts', 'Claims', 'Benefits', 'FSA/HSA', 'Documents', 'Provider', and 'Health e360'. The main heading is 'Claims' with the subtext 'View claims history for yourself, dependent children, or policy holders you are authorized to see.' Below this, there is a grid of claim cards. Each card shows the provider name, claim number, date, billed amount, and paid amount. The cards are organized into two rows. The first row contains three cards for 'Katy Urgent Care Center', 'Gary M Lepow', and 'Laboratory Corporation Of America'. The second row contains three cards for 'Robert Fernandez', 'Huntsville Methodist Hospital Medical Clinic', and 'Robert Fernandez'. The 'Huntsville Methodist Hospital Medical Clinic' card is marked as 'denied' in a red box, while the others are marked as 'closed (regular)' in a green box. Each card has a 'View Details' button and a 'Claim Summary' button.

Provider	Claim#	Date	Billed Amount	Paid Amount	Status
Katy Urgent Care Center	950031604	2/11/2017	\$190.00	\$125.00	closed (regular)
Gary M Lepow	1201778607	11/7/2016	\$196.00	\$0.00	closed (regular)
Laboratory Corporation Of America	1189828621	10/25/2016	\$472.85	\$72.88	closed (regular)
Robert Fernandez	1195131622	10/25/2016	\$108.00	\$52.32	closed (regular)
Huntsville Methodist Hospital Medical Clinic	1163856620	9/21/2016	\$16.00	\$0.00	denied
Robert Fernandez	1139372619	8/30/2016	\$98.00	\$49.17	closed (regular)

6. *Scroll* down the list and find the claim that you need to find more information about.

✔ closed (regular)

Robert Fernandez
Claim# 1123567618
Date 8/15/2016

Billed Amount	\$238.00
Paid Amount	\$107.86

[View Details](#)

[Claim Summary](#)

7. *Click* the **View Details** button.

[View Details](#)

8. You will be directed to the details page for that one claim.

The screenshot shows the Health Portal Solutions website interface. At the top, there is a navigation bar with links for Mailbox, Sitemap, Help?, English, and a Contact Us button. The user is logged in as James Smith. Below the navigation bar, the website logo and a menu with links for Bank Accounts, Claims, Benefits, FSA/HSA, Documents, Provider, and Health e360 are visible. The main header area features the word 'Claims' in large text, with a sub-header: 'View claims history for yourself, dependent children, or policy holders you are authorized to see.' The main content area is titled 'James Smith | 12/Jun/1975' and displays 'Claim #1123567618'. Below the claim number, the patient's name 'Robert Fernandez' is shown with a status of 'closed (regular)'. A summary table provides details on the claim's start and end dates (8/15/2016) and the total amount (\$238.00) versus the amount paid (\$107.86). A table lists three procedure codes with their respective names, charges, and statuses. At the bottom of the main content area, there are 'Print' and 'Download' buttons. Below this, a section titled 'Related Health Search Topics: CERVICALGIA' lists various search topics such as Neck Pain, Neck Problems and Injuries, Back and Neck Pain, Opiate Pain Relievers for Acute Neck Pain, Muscle Relaxants for Neck Pain, Tricyclic Antidepressants for Neck Pain, Neck Exercises, Spinal X-Ray, Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) for Chronic Pain, and Rheumatoid Arthritis: Neck Symptoms. A 'Back' button is located at the bottom left of the main content area. A footer note at the bottom of the page states: 'The summary information on this website does not include all of the benefits, provisions, restrictions, and limitations that apply to the coverages and may not reflect current benefits. Please'.

Components of the Claims Details Page

1. Identify who the claim is for with the **Member Name** and **Date of Birth**.

View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
closed (regular)
BACK

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86

A green arrow points to the member name and date of birth.

2. **Claim Number** unique to this claim.

View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
closed (regular)
BACK

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86

A green arrow points to the claim number.

3. Page to the **Next / Previous** Claim.

View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
closed (regular)
BACK

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86

Green arrows point to the left and right navigation buttons.

4. **Name of the Provider** who provided care to the member.

View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez


 closed (regular)
 <BACK

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86

5. **Status of the Claim** – See whether this claim is pending, paid, denied or closed.

James SMith | 12/Jun/1975

Claim #1123567

Robert Fernandez

 closed (regular)
 <BACK

Start Date	8/15/2016
Amount	\$238.00

Procedure Code	Procedure Name
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO

6. **Procedure Codes** – These rows can be clicked on to see more data about each specific code.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
 closed (regular)

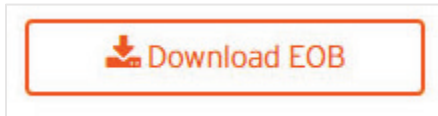
Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86

Procedure Code	Procedure Name	Amount Charge	Status
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	\$146.00	Closed (regular)
93000	ELECTROCARDIOGRAM ROUTINE ECG WITH AT LEAST 12 LEA	\$82.00	Closed (regular)
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$10.00	Closed (regular)

Print Download

Related Health Search Topics: CERVICALGIA

7. **Download Explanation of Benefits** – Click this button to download your EOB.



8. **Related Health Search Topics** – These are extra research links that can talk more about tips related to the diagnosis in the claim that you are viewing.
Optional Feature – Not all portals will have this.

The screenshot shows a patient portal interface for James Smith | 12/Jun/1975. The main heading is "Claim #1123567618". Below this, the patient's name "Robert Fernandez" is displayed with a status of "closed (regular)" and a "BACK" link. A summary table shows the following data:

Start Date	End Date	Amount	Paid Amount
8/15/2016	8/15/2016	\$238.00	\$107.86

Below the summary is a table of procedures:

Procedure Code	Procedure Name	Amount Charge	Status
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	\$146.00	Closed (regular)
93000	ELECTROCARDIOGRAM ROUTINE ECG WITH AT LEAST 12 LEA	\$82.00	Closed (regular)
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$10.00	Closed (regular)

At the bottom of the claim summary are "Print" and "Download" buttons. Below this is a green-bordered box titled "Related Health Search Topics: CERVICALGIA" containing the following links:

- [Neck Pain](#)
- [Neck Problems and Injuries](#)
- [Back and Neck Pain](#)
- [Opiate Pain Relievers for Acute Neck Pain](#)
- [Muscle Relaxants for Neck Pain](#)
- [Tricyclic Antidepressants for Neck Pain](#)
- [Neck Exercises](#)
- [Spinal X-Ray](#)
- [Serotonin and Norepinephrine Reuptake Inhibitors \(SNRIs\) for Chronic Pain](#)
- [Rheumatoid Arthritis: Neck Symptoms](#)

Components of the Procedure Code Detail Page

The screenshot displays the 'Claims' section of a member portal. At the top, there is a navigation bar with social media icons, a 'Mailbox' icon, 'Sitemap', 'Help?', 'English', a 'Contact Us' button, and a user profile for 'James Smith'. Below this is a secondary navigation bar with links for 'Bank Accounts', 'Claims', 'Benefits', 'FSA/HSA', 'Documents', 'Provider', and 'Health e360'. The main header area features the 'Claims' title and a sub-header: 'View claims history for yourself, dependent children, or policy holders you are authorized to see.' The central content area is titled 'James Smith | 12/Jun/1975' and shows 'Claim #1123567618' for 'Robert Fernandez' (status: closed (regular)). A summary table provides the following data:

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86

Below the summary is 'Item #1' (status: closed (regular)) with the following details:

Date of Service	8/15/2016	Billed Amount	\$146.00	Provider	Robert Fernandez
Received Date		Paid Amount	\$84.67	Process Date	9/4/2016

A 'Check #4067' (number 1603701) is listed with a 'Print Date' of 9/11/2016, a 'Check Amount' of \$261.32, and a 'Payment Status' field. At the bottom of the claim details, there are 'Print' and 'Contact Customer Service' buttons. A 'Back' button is located at the bottom left of the page.

1. Identify who the claim is for with the **Member Name** and **Date of Birth**.

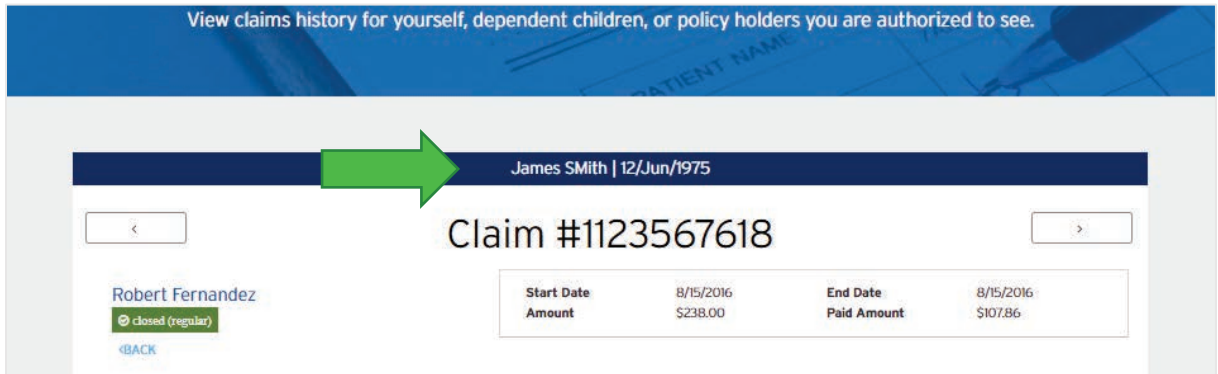
View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
closed (regular)
BACK

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86



2. **Claim Number** to uniquely identify this claim.

View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
closed (regular)
BACK

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86



3. Page to the **Next / Previous** Claim

View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
closed (regular)
BACK

Start Date	8/15/2016	End Date	8/15/2016
Amount	\$238.00	Paid Amount	\$107.86



4. **Name of the Provider** who helped with this care.

View claims history for yourself, dependent children, or policy holders you are authorized to see.

James SMith | 12/Jun/1975

Claim #1123567618

Robert Fernandez
closed (regular)

Start Date	End Date
8/15/2016	8/15/2016

Amount	Paid Amount
\$238.00	\$107.86

5. **Status** of the Claim – See whether the claim is pending, paid, or denied.

James SMith

Claim #112

Robert Fernandez
closed (regular)

Start Date	Amount
------------	--------

6. Details of Procedure Code Item

The screenshot displays the Health Portal Solutions website interface. At the top, there is a navigation bar with links for Mailbox, Sitemap, Help?, English, and a Contact Us button. The user's name, James Smith, is visible in the top right corner. Below the navigation bar, the Health Portal Solutions logo is on the left, and a menu with links for Bank Accounts, Claims, Benefits, FSA/HSA, Documents, Provider, and Health e360 is on the right. The main content area features a blue banner with the word "Claims" and the text "View claims history for yourself, dependent children, or policy holders you are authorized to see." Below this banner, a dark blue bar shows the user's name and date of birth: "James Smith | 12/Jun/1975". The main heading is "Claim #1123567618". A green-bordered box highlights the "Item #1" details, which include a status of "closed (regular)". The item details are as follows:

Date of Service	8/15/2016	Billed Amount	\$146.00	Provider	Robert Fernandez
Received Date		Paid Amount	\$84.67	Process Date	9/4/2016
Check #4067					
1603701		Print Date	9/11/2016	Check Amount	\$261.32
				Payment Status	

At the bottom left of the item details box, there is a "Back" button.

7. Page to the **Next / Previous** Procedure – Quickly jump to the next/last **Procedure Item**.

The screenshot shows the top section of a claim page for Claim #1123567618. At the top, the provider name "Robert Fernandez" is displayed with a "closed (regular)" status. To the right, a summary box shows "Start Date" and "End Date" as 8/15/2016, and "Amount" and "Paid Amount" as \$238.00 and \$107.86 respectively. Below this, a large grey box contains "Item #1" with a "closed (regular)" status. Navigation arrows are present: a left arrow and a right arrow, both highlighted with green arrows. Below the item details, a section for "Check #4067" is visible, showing "Check Amount" as \$261.32 and "Print Date" as 9/11/2016.

8. **Check** information for this procedure.

This screenshot is similar to the previous one but highlights the "Check #4067" section with a green border. The check details include "Check Amount" of \$261.32 and "Payment Status". At the bottom of the page, there are two buttons: "Print" and "Contact Customer Service".

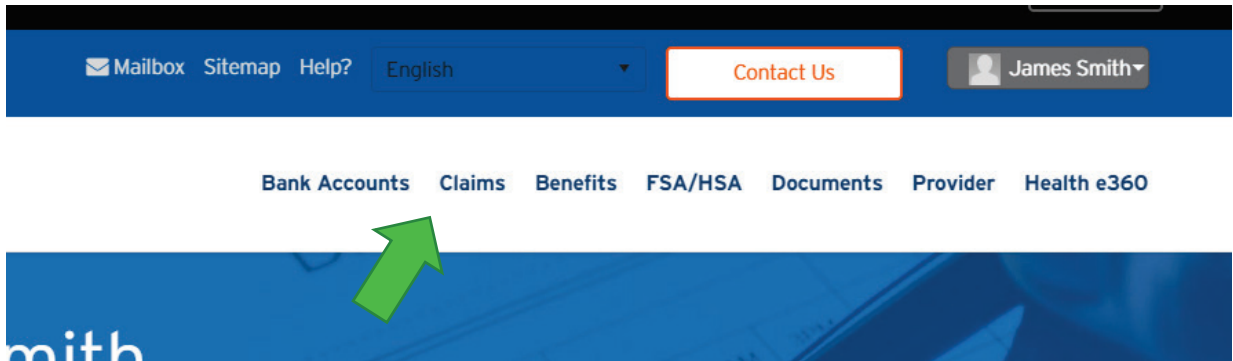
9. **Contact Customer Service** button – *Click* this to send a message about this specific claim.

A close-up of the "Contact Customer Service" button, which is a red-bordered rectangle containing a red envelope icon and the text "Contact Customer Service".

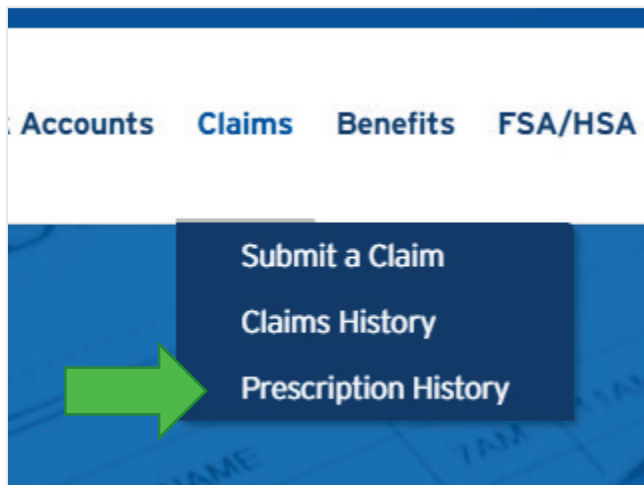
Prescription History

How to Access

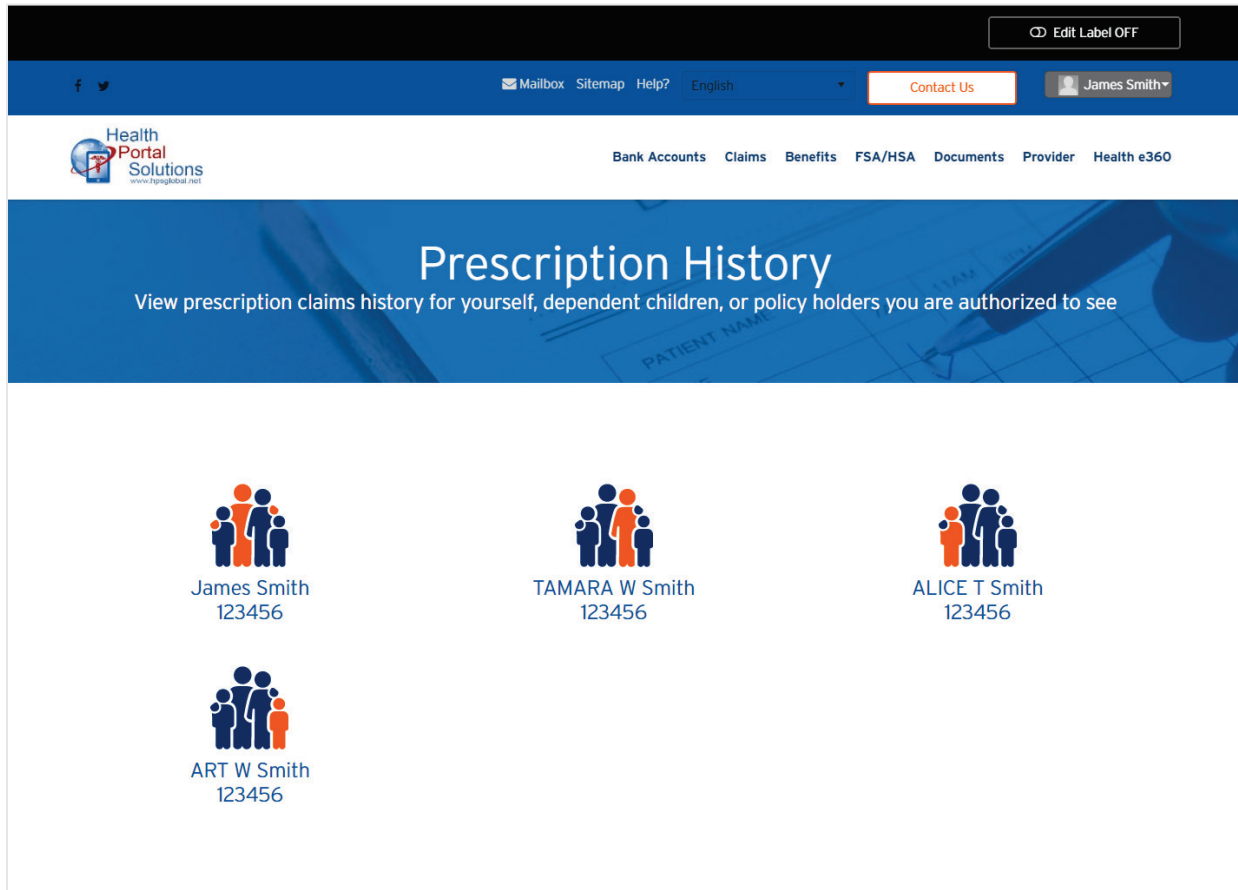
1. In the white navigation menu, *hover* over the **Claims** menu item.



2. The **Claims** menu item will reveal its drop-down menu. *Click* on the **Prescription History** menu item.



3. You will be directed to the **Prescription History** landing page.



4. Click on the person who's prescription claims data needs to be viewed.



- You will be directed to **Prescription History** listing for that one person.

Health Portal Solutions
Bank Accounts Claims Benefits FSA/HSA Documents Provider Health e360

Prescription History

View prescription claims history for yourself, dependent children, or policy holders you are authorized to see

Prescription Claims for James Smith

Claim Number	Date RX Filled	Drug Name	NDC Drug Code	Amount Paid	Amount Copay	Adjusted Amount	Adjusted Reason	Prescriber Name	Pharmacy Name	Pharmacy Phone	Date RX Written	Days Supply	Quantity	Co Pay
		NUVARINGMIS									3/20/2016	30		\$0.00
		AZITHROMYCIN TAB 250 MG	00093202623								3/19/2016	10		\$0.00
		CRESTOR TAB 5 MG									3/19/2016	30		\$0.00
		METFORMIN TAB 1000 MG	00185021301								3/19/2016	30		\$0.00
		BENZONATECAP 200 MG	00182108001								3/18/2016	30		\$0.00
		EPIPEN-JRINJ2-PAK									3/18/2016	30		\$0.00
		DIOVANHCT TAB 320- 25 MG									3/16/2016	30		\$0.00
		FLUCONAZOLE TAB 150 MG	00093541595								3/15/2016	1		\$0.00
		LEVOTHYROXIN TAB 100MCG	00527134101								3/13/2016	30		\$0.00
		SIMVASTATIN TAB 40 MG	00093715298								3/12/2016	30		\$0.00
		LISINOP / HCTZ TAB 20-12.5									3/11/2016	30		\$0.00

- Note, you *can* re-order the list by clicking on the **arrows** at the top of the grid.

Claim Number ↑
Date RX Filled ↓
Drug Name ↑
NDC Drug Code ↑
Amount Paid ↑

- Click on any item to read more information about that prescription record.

Claim Number	Date RX Filled	Drug Name	NDC Drug Code	Amount Paid	Amount Copay	Adjusted Amount	Adjusted Reason	Prescriber Name	Pharmacy Name	Pharmacy Phone	Date RX Written	Days Supply	Quantity	Co Pay
		NUVARINGMIS									3/20/2016	30		\$0.00
		AZITHROMYCIN TAB 250 MG	00093202623								3/19/2016	10		\$0.00
		CRESTOR TAB 5 MG									3/19/2016	30		\$0.00
		METFORMIN TAB 1000 MG	00185021301								3/19/2016	30		\$0.00
		BENZONATECAP 200 MG	00182108001								3/18/2016	30		\$0.00
		EPIPEN-JRINJ2-PAK									3/18/2016	30		\$0.00
		DIOVANHCT TAB 320- 25 MG									3/16/2016	30		\$0.00
		FLUCONAZOLE TAB 150 MG	00093541595								3/15/2016	1		\$0.00

8. You will be directed to the detail page for that item.

The screenshot displays the 'Prescription History' page for James Smith. The page title is 'Prescription Claims for James Smith' and the specific claim is 'Claim ID 352022'. The drug is identified as 'BENZONATECAP 200 MG'. The prescriber's name is not visible. The 'Written Date' is 3/18/2016, and the claim is marked as 'Filled'. The 'Drug Information' section lists the NDC Code as 00182108001, the Type of Drug as Generic Drug, and the Formulary as Formulary Drug. The 'Supply' section shows a Refill, Dispensed Qty, and Days Supplied of 30. The 'Charge' section shows a total Plan Paid of \$0.00, with Charge, Tax, Deductible, and Copay all at \$0.00. Navigation buttons for Back, Print, and Download are located at the bottom of the claim details.

Health Portal Solutions
www.healthportal.net

Bank Accounts Claims Benefits FSA/HSA Documents Provider Health e360

Prescription History

View prescription claims history for yourself, dependent children, or policy holders you are authorized to see

Prescription Claims for James Smith

Claim ID 352022

BENZONATECAP 200 MG
Prescriber:

Drug Information	Supply	Charge
NDC Code 00182108001	Refill:	Charge \$0.00
Type of Drug Generic Drug	Dispensed Qty	Tax \$0.00
Formulary Formulary Drug	Days Supplied 30	Deductible \$0.00
Pharmacy		Copay \$0.00
		Plan Paid \$0.00

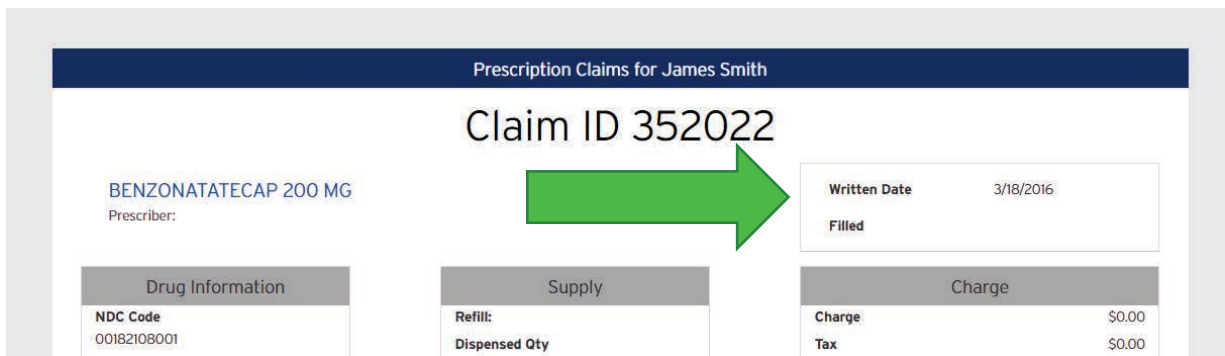
[Back](#) [Print](#) [Download](#)

Component of Prescription History Detail page

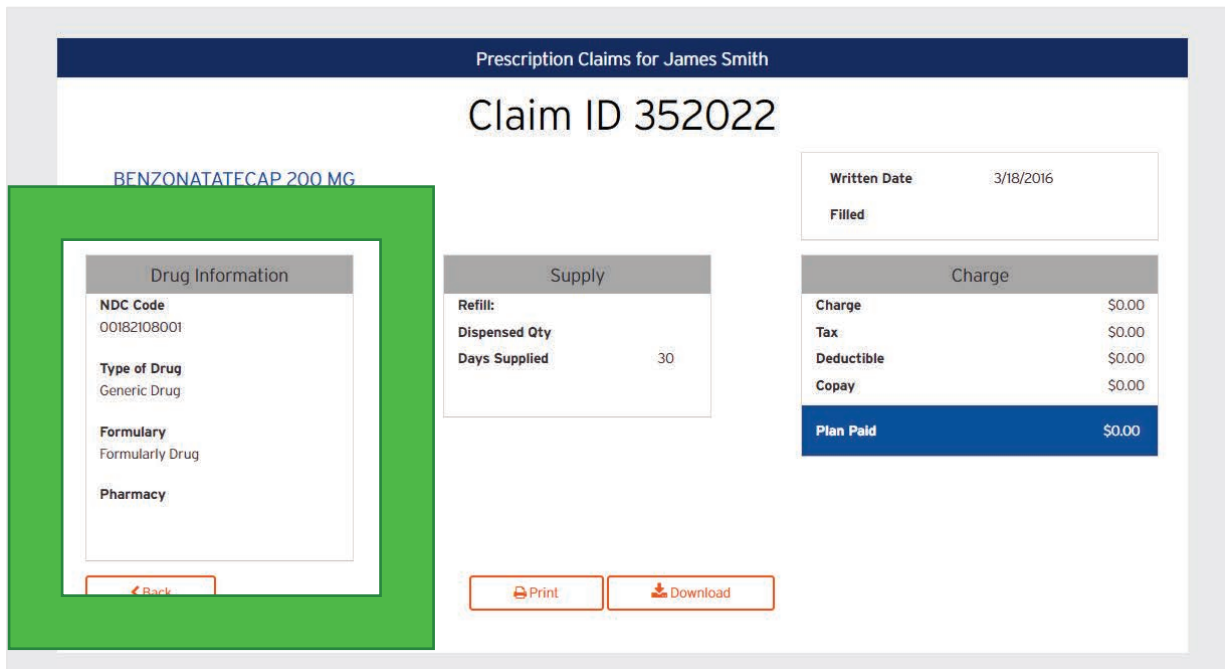
1. **Name of Drug** that was prescribed.



2. **Date Written** and Date **Filled**.



3. **Drug Information**



4. **Supply Information** – This talks about the quantity of the drug and how long it will last.

Prescription Claims for James Smith

Claim ID 352022

BENZONATECAP 200 MG
Prescriber:

Drug Information

NDC Code
00182108001

Type of Drug
Generic Drug

Formulary
Formulary Drug

Pharmacy

Supply

Refill:

Dispensed Qty

Days Supplied 30

Written Date 3/18/2016

Filled

Charge	
Charge	\$0.00
Tax	\$0.00
Deductible	\$0.00
Copay	\$0.00
Plan Paid	\$0.00

[< Back](#) [Print](#) [Download](#)

5. **Charges Information** – This talks about the charges, payments and all financial aspects of this claim.

Prescription Claims for James Smith

Claim ID 352022

BENZONATECAP 200 MG
Prescriber:

Drug Information

NDC Code
00182108001

Type of Drug
Generic Drug

Formulary
Formulary Drug

Pharmacy

Supply

Refill:

Dispensed Qty

Days Supplied 30

Charge

Written Date 3/18/2016

Charge	\$0.00
Tax	\$0.00
Deductible	\$0.00
Copay	\$0.00
Plan Paid	\$0.00

[< Back](#) [Print](#) [Download](#)

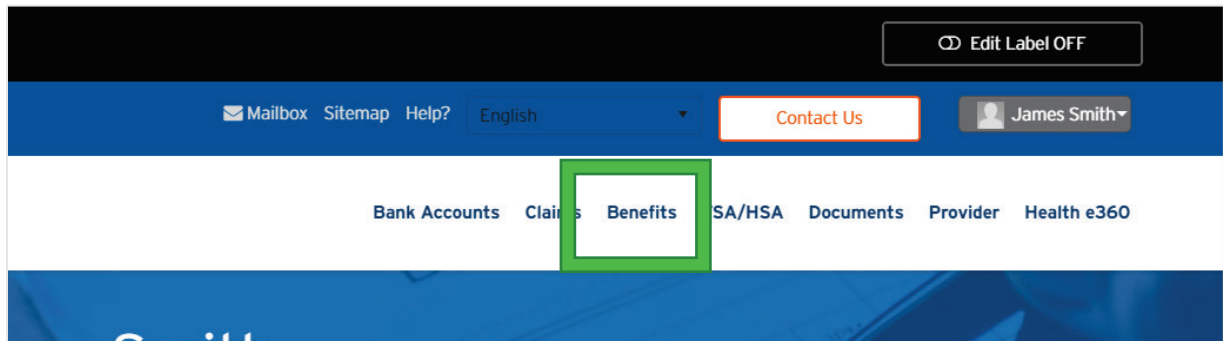
6. **Download**– *Click* on this to open a screenshot of the data on the page.



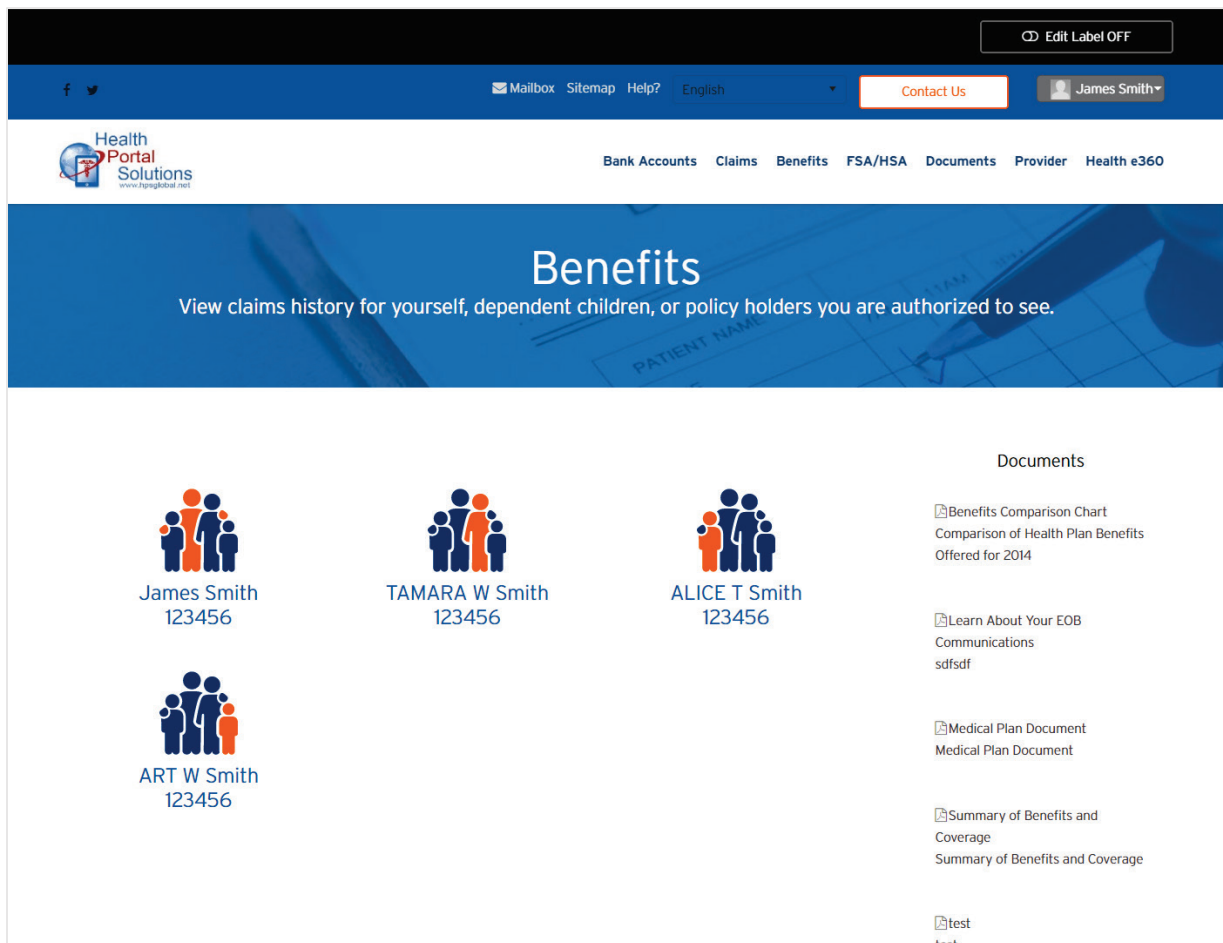
BENEFITS

View Benefits

1. From the white navigation menu, *click* on the **Benefits** menu item.



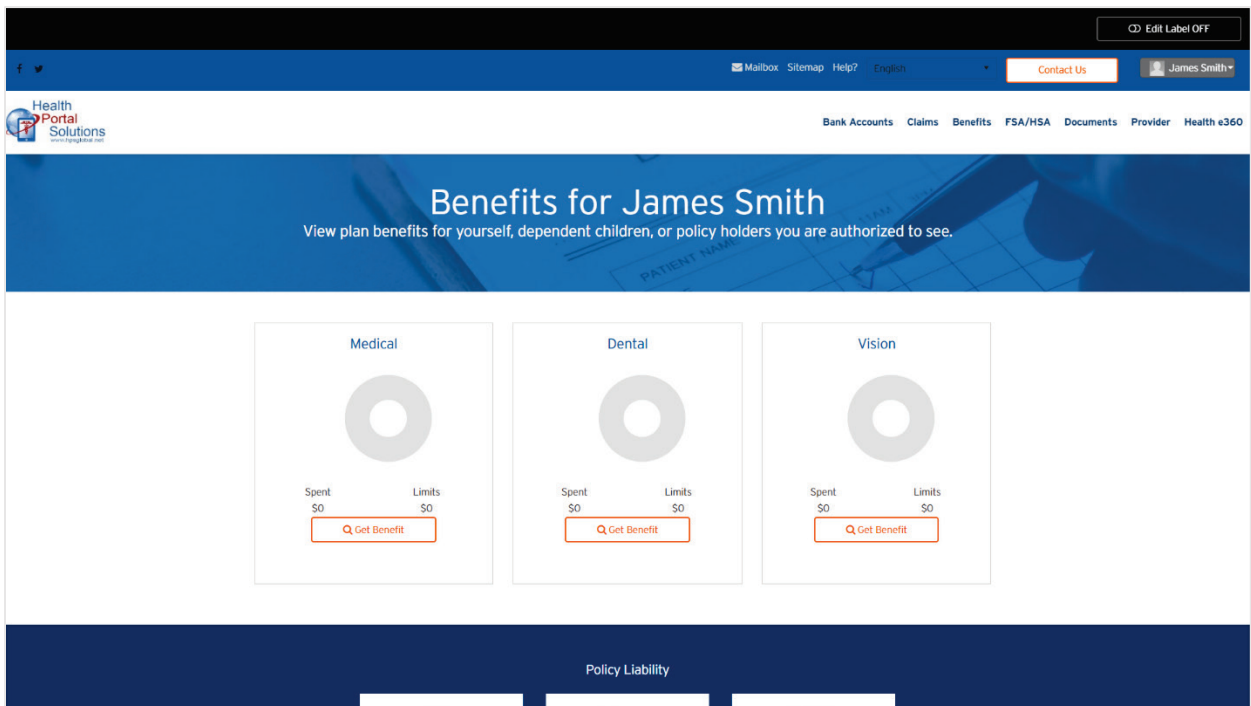
2. You will be directed to the **Benefits** landing page.



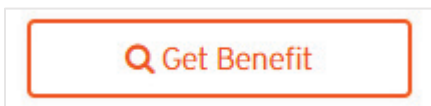
3. Click of the **name of the person** whose benefits you want to see.



4. You will be directed to the **Benefits** detail page for that one member.



5. Click on the **Get Benefit** to drill down to more information about that specific benefit.



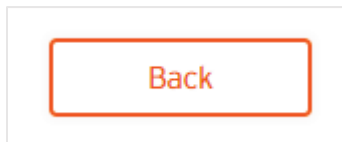
- a. You will be directed to a page with information about that benefit.

The screenshot shows the 'Benefits for James Smith' page. At the top, there is a navigation bar with 'Mailbox', 'Sitemap', 'Help?', 'English', 'Contact Us', and 'James Smith'. Below the navigation bar, there is a header with the Health Portal Solutions logo and a menu with 'Bank Accounts', 'Claims', 'Benefits', 'FSA/HSA', 'Documents', 'Provider', and 'Health e360'. The main heading is 'Benefits for James Smith' with the subtext 'View plan benefits for yourself, dependent children, or policy holders you are authorized to see.' Below this is a table with the following data:

First Name	Last Name	Member ID #	Benefit Category	Benefit Plan Name	Plan Number	Effective Date	Term Date
James	Smith	123456	Medical	HUNT FY PPO750	142	7/1/2016	10/31/2016

Below the table, there is a 'Page size: 10' dropdown and '1 items in 1 pages'. A green box highlights the table and the 'Back' and 'Print' buttons below it. The 'Back' button is highlighted with a red border.

- b. Click on the **Back** button to go back to the previous page.



6. Scroll down to view more information about your **Policy Liability**.

The screenshot shows the 'Policy Liability' section of the website. At the top, there is a navigation bar with 'Mailbox', 'Sitemap', 'Help?', 'English', 'Contact Us', and 'James Smith'. Below the navigation bar, there is a header with the Health Portal Solutions logo and a menu with 'Bank Accounts', 'Claims', 'Benefits', 'FSA/HSA', 'Documents', 'Provider', and 'Health e360'. The main heading is 'Policy Liability'. Below this is a table with the following data:

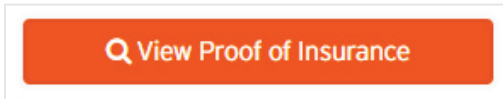
Spent	Limits
\$0	\$0

Below the table, there is a 'Get Benefit' button. A green box highlights the 'Policy Liability' section, which includes a table with the following data:

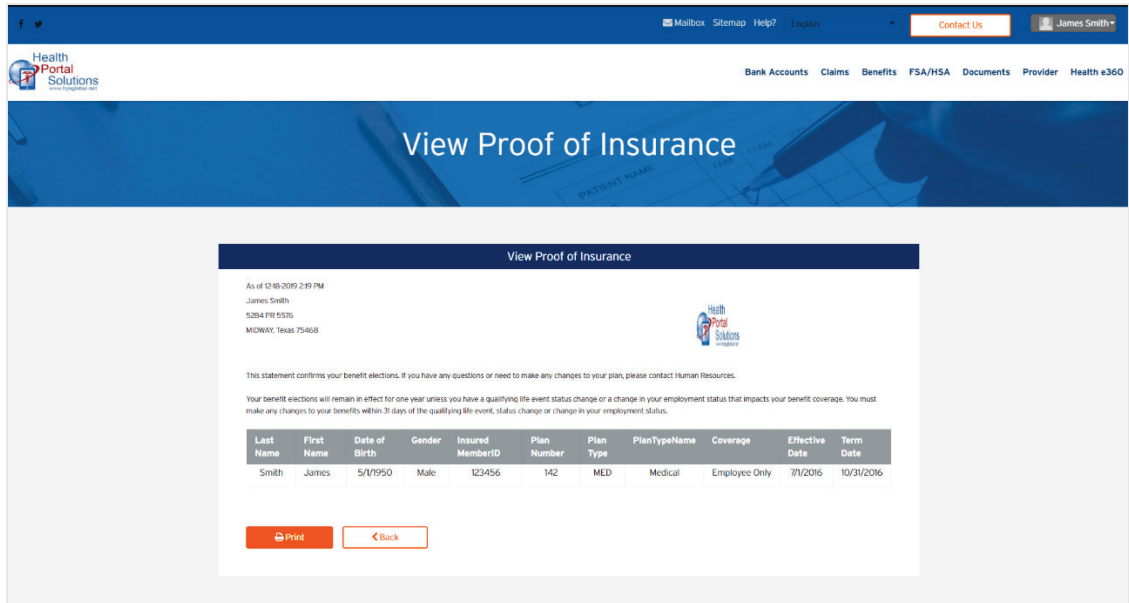
Co-Pay	Co-insurance	Deductible
\$0	\$0	\$0

Below the table, there is a 'More Benefits' button.

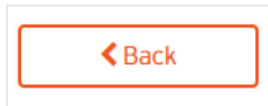
7. Click on the **View Proof of Insurance** button to view proof of insurance.



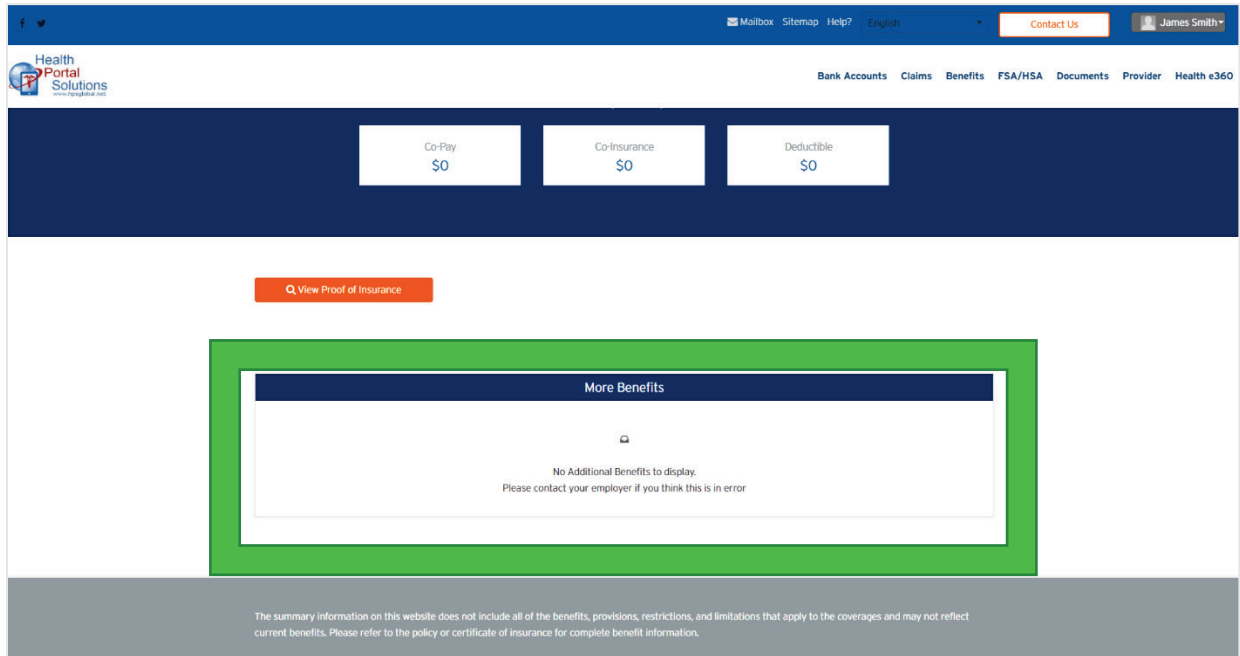
a. You will be directed to the **View Proof of Insurance** page.



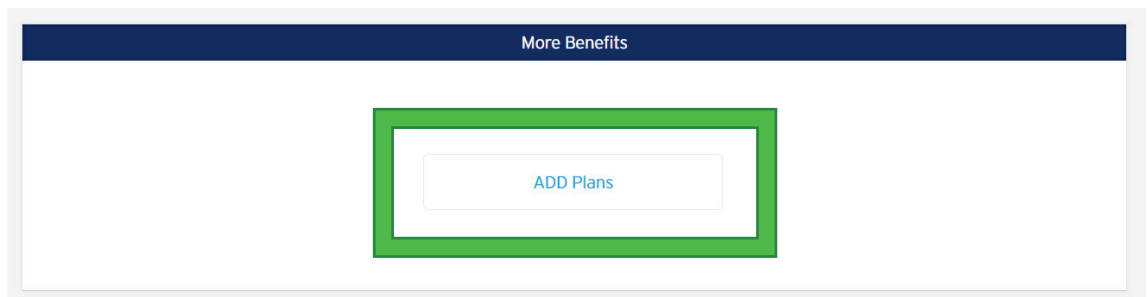
b. Click on the **Back** button to go back to the previous page.



8. Scroll down further to see **More Benefits** data about the member's benefits, sometimes including information like COBRA.



- a. If **More Benefits** information is available, *click* on the button of the associated data to see more information about it.



- b. You will be directed to the detail page for that benefit information.

The screenshot shows a web portal for 'Health Portal Solutions'. The main heading is 'Benefits for ART W Smith' with a sub-heading 'View plan benefits for yourself, dependent children, or policy holders you are authorized to see.' Below this is a table titled 'ADD Plans' with the following data:

First Name	Last Name	Member ID #	Benefit Category	Benefit Plan Name	Plan Number	Effective Date	Term Date
ART	Smith	123456	ADD Plans	MetLife	1000	5/1/2004	
ART	Smith	123456	ADD Plans	MetLife	1013	5/1/2004	
ART	Smith	123456	ADD Plans	MetLife - AD&D	1001	5/1/2004	
ART	Smith	123456	ADD Plans	MetLife - Optional AD&D	1014	5/1/2004	

Below the table are navigation controls: 'Page size: 10' and '4 Items in 1 pages'. There are 'Back' and 'Print' buttons. At the bottom, a disclaimer states: 'The summary information on this website does not include all of the benefits, provisions, restrictions, and limitations that apply to the coverages and may not reflect current benefits. Please refer to the policy or certificate of insurance for complete benefit information.'

View Benefits Alternative

Depending on the preferences of the health portal owner, your benefits page may look like this as opposed to the layout seen in the previous section of this guide.

The screenshot displays a user interface for a health portal. At the top, there is a navigation bar with 'Health Portal Solutions' logo, a search bar, and user information for 'ZACHARY BYERLY'. Below this is a 'Benefits' header with a sub-header 'Benefit Details Sub header'. The main content area is divided into several sections:

- Member Information:** Includes a profile picture for Zachary Byerly, contact information (address: 2020 OCEAN BLVD, HOUSTON TEXAS 77044, phone: 281.656.6344, email: zbyerly@pqsolutions.com), language (English), and biographic data (Gender: Male, Date of Birth: 05/27/1963, Marital Status: M, SSN: 888 88 4377).
- Employee Data:** Shows Effective Date (3/1/2016) and Group Number (2000).
- Plan Documents:** A list of documents for download, including 'KIP548: BS Form 1095B', 'KIP54C: BS Form 1095C', 'Insurance Exchange Notification Info related to Market Exchange', 'Mail Order 108 Form Standard Form', and 'Member Satisfaction Survey Annual Benefits Survey'.
- Benefits Summary:**
 - Lifetime Maximum:** Max Spend: \$1,000,000.00, Remaining: \$1,000,000.00.
 - Annual Maximum:** Max Spend: \$500,000.00, Remaining: \$498,647.35.
 - Medical:** Co-Pay: \$50.00, Co-Insurance: \$75.00.
 - Deductible:** Max Spend: \$2,563.00, Remaining: \$1,025.00.
 - Accumulators:**
 - Deductible:** Max Spend: \$10,000, Remaining: \$68.29.
 - Out of Pocket:** Max Spend: \$0.00, Remaining: \$0.00.
- Provider Networks:** Logos for First Health Network, vsp Pharmacy, and MultiPlan.
- Primary Care Provider:** Mark H. Wilkerson, 5433 Medical Center Blvd, CONROE, TEXAS 77385, 281.656.6344, 281.656.6344.

A footer note states: 'The summary information on this website does not include all of the benefits, provisions, restrictions, and limitations that apply to the coverage and may not reflect current benefits. Please refer to the policy or coverage documents for more information.'