

Send a Fax

Send a Fax

Send a Fax through this web app to a healthcare provider.

- 1 Search for a Member
- 2 Pick What to Fax
- 3 Pick Who to Fax to
- 4 Review Selections
- 5 Fax Sent

Please search for a health plan member.

Search Form

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

Company*	Member Identification	Date of Birth	First Name	Last Name	<input checked="" type="checkbox"/> Show Termed Members
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
			<input checked="" type="checkbox"/> Contains Characters	<input type="checkbox"/> Contains Characters	
<input type="button" value="Q Search"/>					

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Search Form

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Show Termed Members

Contains Characters
 Contains Characters

Search Results

Please select a member to view their eligibility, benefits, and claims.

	Member Identification Number	Date of Birth	Last Name	First Name	Relationship	Plan Number	Group Number	Effective Date	Term Date
View Member Details	12321123123	05/16/1969	Smith	Greg	Self	DEMOB,DEM0D1	DEMO	12/03/2007	04/10/2011
View Member Details	876463764	04/16/1992	Smith	Taylor	Child	DEMOB,DEM0D1	DEMO	12/03/2007	04/10/2011
View Member Details	543574637	05/26/1998	Smith	Seth	Child	DEMOB,DEM0D1	DEMO	12/03/2007	04/10/2011
View Member Details	565876368	05/10/2000	Smith	Rudy	Child	DEMOB,DEM0D1	DEMO	12/03/2007	04/10/2011
View Member Details	65464646	01/10/1979	Smith	Derrick	Self	DEMOB2014,DEM0D1	DEMO	08/01/2013	09/06/2014
View Member Details	213545464	10/05/1967	Smith	Michael	Self	DEMOB,DEM0D1	DEMO	01/01/2011	04/29/2011
View Member Details	871325484	01/19/1973	Smith	Daquri	Spouse	DEMOB,DEM0D1	DEMO	01/01/2011	04/29/2011
View Member Details	33464554	01/07/1998	Smith	Christian	Child	DEMOB,DEM0D1	DEMO	01/01/2011	04/29/2011
View Member Details	15655486	08/17/1999	Smith	Emma	Child	DEMOB,DEM0D1	DEMO	01/01/2011	04/29/2011
View Member Details	99365454	03/24/1989	Smith	Eryka	Child	DEMOB,DEM0D1	DEMO	01/01/2011	04/29/2011
View Member Details	456546465	10/16/1988	Smithee	Walton	Self	DEMOB2014,DEM0D1	DEMO	01/01/2015	

6 items in 7 pages

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Review the information and pick what you want to fax.

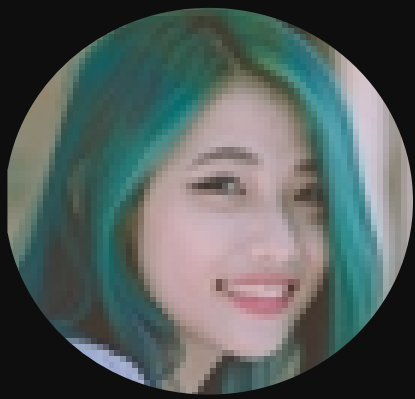
★ Brenna Quetzalcoatl

♥ Esh Quetzalcoatl

👤 Jason Quetzalcoatl

👤 Yue Quetzalcoatl

[Skip to Next Section](#)



Brenna Quetzalcoatl

[Fax Eligibility](#)

Personal Data

First Name

Brenna

Last Name

Quetzalcoatl

Social Security Number

***-**-1234

Date of Birth

12/Feb/1972

Membership Data

Company

123 - James Coney Island EPO

Group

123 - James Coney Island EPO

Member Identification Number

213465467

Relationship to Primary Member

Self

Effective Date

26/Jul/2016

Term Date

26/Jul/2099

Status

🟢 Active

Contact Information

Home Phone

(210) 210-2101

Mobile Phone

(210) 211-2102

Address

2235 Mockingbird Lane
San Antonio, TX 78412-3132

Benefits

Accumulator

Plan Documents

Provider Networks

Proof of Insurance

Claims

[Fax All Claims](#)

[Fax Selected Claims](#)

[Print Claims](#)

[Skip Table](#)

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

<input type="checkbox"/> Select All		Claim Number	Claim Status	Incurred Date	Claim Amount	Allowed Amount	Patient Balance	Paid Amount	Check Date	Check Number	
<input type="checkbox"/>	Fax Claim	View Details	7516915154	New	09/14/2023	\$200.00	\$200.00	\$0.00	\$72.42	09/25/2023	6475
<input type="checkbox"/>	Fax Claim	View Details	751699631	Pending	12/05/2023	\$200.00	\$200.00	\$0.00	\$0.00		
<input type="checkbox"/>	Fax Claim	View Details	7516915154	Approved	09/14/2023	\$200.00	\$200.00	\$0.00	\$72.42	09/25/2023	6475
<input type="checkbox"/>	Fax Claim	View Details	751699631	Paid	12/05/2023	\$200.00	\$200.00	\$0.00	\$0.00		
<input type="checkbox"/>	Fax Claim	View Details	7516915154	Void	09/14/2023	\$200.00	\$200.00	\$0.00	\$72.42	09/25/2023	6475
<input type="checkbox"/>	Fax Claim	View Details	751699631	Denied	12/05/2023	\$200.00	\$200.00	\$0.00	\$0.00		

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[Fax All Claims](#)

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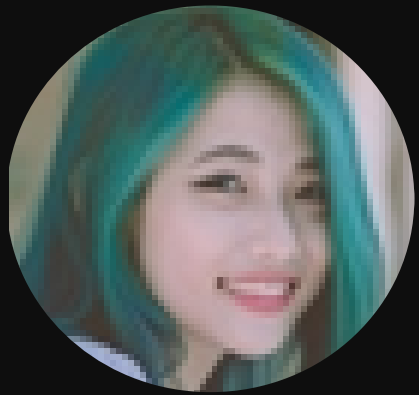
Review the information and pick what you want to fax.

★ Brenna Quetzalcoatl

♥ Esh Quetzalcoatl

👤 Jason Quetzalcoatl

👤 Yue Quetzalcoatl



Brenna Quetzalcoatl

[Fax Eligibility](#)

Personal Data

First Name

Brenna

Last Name

Quetzalcoatl

Social Security Number

***-**-1234

Date of Birth

12/Feb/1972

Membership Data

Company

123 - James Coney Island EPO

Group

123 - James Coney Island EPO

Member Identification Number

213465467

Relationship to Primary Member

Self

Effective Date

26/Jul/2016

Term Date

26/Jul/2099

Status

🟢 Active

Contact Information

Home Phone

(210) 210-2101

Mobile Phone

(210) 211-2102

Address

2235 Mockingbird Lane
San Antonio, TX 78412-3132

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📄 Benefits

📊 Accumulator

📄 Plan Documents

📍 Provider Networks

📄 Proof of Insurance

📄 Claims

[Fax Benefits](#)

[Print Benefits](#)

[Skip Table](#)

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

Member ID	Group Number	Group Name	Plan Number	Plan Name	Benefit Type	Coverage Start Date	Coverage End Date	Status	Pre-Tax Cost	Post-Tax Cost
751699925	2000	James Coney Island EPO	1004	Dental Gold	Dental	Jan/24/2024	Jan/20/2099	🟢 Active	\$34.39	\$0.00
751699925	2000	James Coney Island EPO	1004	Dental FSA	Dental Flexible Spending	Jan/24/2022	Jan/20/2093	🟡 Inactive	\$234.31	\$0.00
751699925	2000	James Coney Island EPO	1004	PSA Plans	Flexible Spending	Jan/24/2024	Jan/20/2099	🟢 Active	\$101.36	\$0.00
751699925	2000	James Coney Island EPO	1004	Medical Gold	Medical	Jan/24/2024	Jan/20/2099	🟢 Active	\$234.31	\$0.00
751699925	2000	James Coney Island EPO	1004	Medical Leave	Long Term Disability	Jan/24/2024	Jan/20/2099	🟢 Active	\$45.46	\$0.00
751699925	2000	James Coney Island EPO	1004	MetLife	Life	Jan/24/2024	Jan/20/2099	🟢 Active	\$234.31	\$0.00
751699925	2000	James Coney Island EPO	1004	Family Gym Access	Lifestyle	Jan/24/2024	Jan/20/2099	🟢 Active	\$0.00	\$10.00
751699925	2000	James Coney Island EPO	1004	Vision Silver	Vision	Jan/24/2024	Jan/20/2099	🟢 Active	\$24.87	\$0.00

[Fax Benefits](#)

[Print Benefits](#)

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Verify This is the Claim You Want to Send.

Claim #20170911000003

Patient

Patient First Name
Bill

Patient Last Name
Spell

Date of Birth
02/02/1965

Member ID
3215454878

Healthcare Provider

Office Name
Jeff Davis Imaging, LLC

Doctor or Practioner Name
Jeff Davis

Phone (512) 376-2518 **Fax** (512) 376-2522

Email
office@jeffdavisimaging.com

Service Dates

Service Start Date
9/11/2021

Service End Date
9/11/2021

Claim

Submitted Amount
\$1,202.67

Submitted Date
9/12/2023

Status
Pending

Claim Type
Medical

Payment

Paid Amount
\$800.69

Paid Date
10/11/2021

Unpaid Amount
\$213.11

Check Number
103543

Procedures

[Skip Table](#)

Tip: You may click and drag columns to change your view. You may click on a row to see more information about that record.

Do we need to view details for Procedures in the Fax App?

	Status	Procedure Code	Procedure Name	Submitted Amount	Paid Amount	Unpaid Amount
View Details	New	01204	asd asd asd a	\$900.21	\$900.21	\$0.00
View Details	Denied	02111	asd dsad asd dasdasdad dasda dasdad asd	\$23.23	\$0.00	\$23.23
View Details	Pending	33131	adadasdadsdasdasddad asdasdasd asdasd asdasdasdasd	\$1,682.65	\$1,482.65	\$200.00
View Details	Approved	11101	asdasdasdasdasdasdasd asd	\$421.58	\$421.58	\$0.00
View Details	Paid	23322	asd asdasd asdas asd as	\$96.55	\$96.55	\$0.00
View Details	Closed	23325	asd asd asdasdasdasd asddadasdasdasd	\$586.11	\$586.11	\$0.00

Download Items to CSV

- Fax Claim
- Print Claim Details
- Download Explanation of Benefits

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Please Indicate Where to Send the Fax to

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

Fax Number*

Re-type Fax Number*

Do we need a Country Code space?

Phone Number

Receiver Name

This may be seen as "Attention," on the Fax Coversheet.

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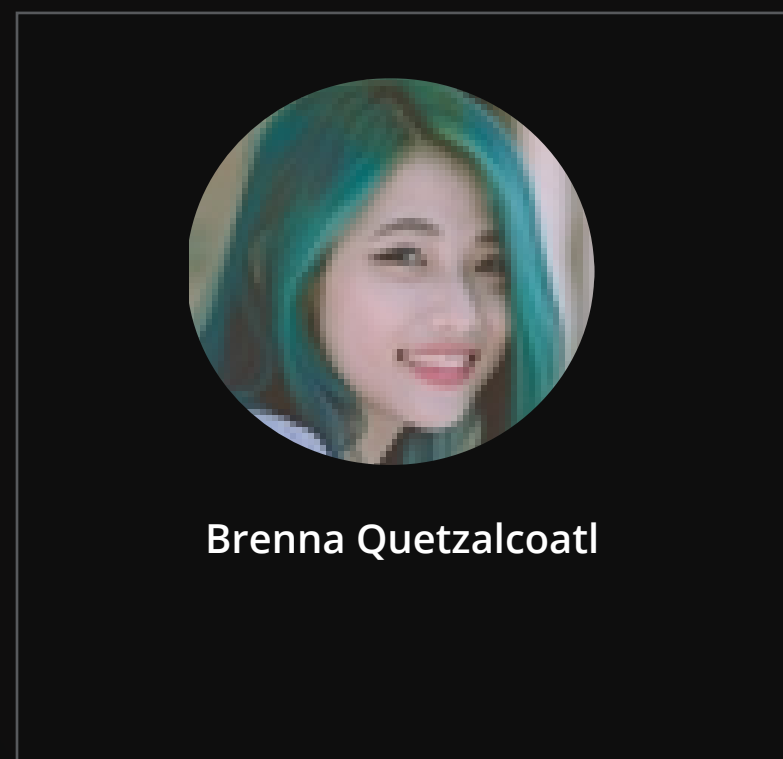
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Review Your Selections to Verify it is What You Expect to Send and the Destination is Correct.

Member Chosen



Personal Data

First Name
Brenna

Last Name
Quetzalcoatl

Social Security Number
***-**-1234

Date of Birth
12/Feb/1972

Membership Data

Company
123 - James Coney Island EPO

Group
123 - James Coney Island EPO

Member Identification Number
213465467

Relationship to Primary Member
Self

Effective Date
26/Jul/2016

Term Date
26/Jul/2099

Status
Active

Contact Information

Home Phone
(210) 210-2101

Mobile Phone
(210) 211-2102

Address
2235 Mockingbird Lane
San Antonio, TX 78412-3132

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Pick What to Fax: Claim Data

[Skip to Next Section](#)

Claim #20170911000003

Patient	Healthcare Provider	Service Dates	Claim	Payment
Patient First Name Bill	Office Name Jeff Davis Imaging, LLC	Service Start Date 9/11/2021	Submitted Amount \$1,202.67	Paid Amount \$800.69
Patient Last Name Spell	Doctor or Practitioner Name Jeff Davis	Service End Date 9/11/2021	Submitted Date 9/12/2023	Paid Date 10/11/2021
Date of Birth 02/02/1965	Phone (512) 376-2518	Fax (512) 376-2522	Status Pending	Unpaid Amount \$213.11
Member ID 3215454878	Email office@jeffdavisimaging.com		Claim Type Medical	Check Number 103543

Procedures

[Skip Table](#)

Tip: You may click and drag columns to change your view. You may click on a row to see more information about that record.

Do we need to View Details for Procedures in the Fax App?

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New	01204	asd asd asd a	\$900.21	\$900.21	\$0.00
Denied	02111	asd dsad asd dasdasdad dasda dasdad asd	\$23.23	\$0.00	\$23.23
Pending	33131	adadasdadsdasdasddad asdasdasd asdasd asdasdasdasd	\$1,682.65	\$1,482.65	\$200.00
Approved	11101	asdasdasdasdasdasdasd asd	\$421.58	\$421.58	\$0.00
Paid	23322	asd asdasd asdas asd as	\$96.55	\$96.55	\$0.00
Closed	23325	asd asd asdasdasdasd asddadasdasdasd	\$586.11	\$586.11	\$0.00

6 items in 7 pages

Who to Fax

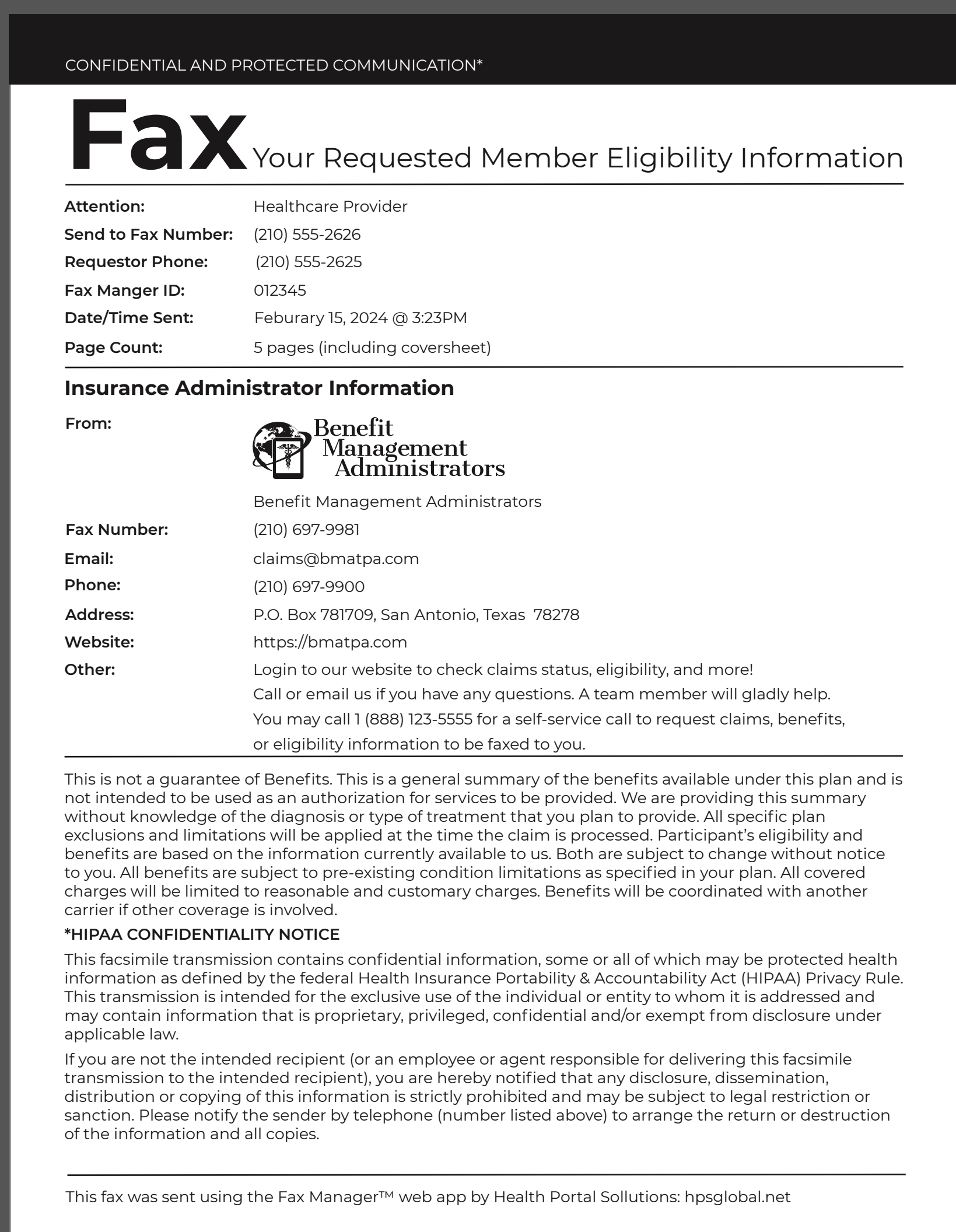
Fax Number
(210) 222-8511

Phone Number
(210) 222-8510

Attention
Martí Batres Guadarrama

Preview Fax

Using Template
Default Template 2024



Send Now Cancel Fax & Abort

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Your Fax has been Sent to Interfax.

Check the [Faxes Sent Report](#) to monitor the progress of the fax and verify if it was delivered successfully.

	Fax ID	Status	Fax Number	Date Sent
+ View Fax	862413	🔄 In Progress	(210) 697-0360	3/21/2024 1:18:41 PM

 **Send a New Fax**

[+ View Faxes Sent Report](#)

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