



# **Imperial Health EZ-Net Portal Provider Guide**

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# Home Page: <https://portal.imperialhealthholdings.com/EZ-NET60/Login.aspx>

[Home](#)   [About us](#)   [Contact us](#)   [Login](#) 

**Welcome to the Auth Submission and Claim Inquiry portal for:**  
Check eligibility, claim status, explanation of payment, submit documents securely, check authorization status quickly.

Imperial Health Holdings Medical Group (HHMG)  
Imperial Health Plan of California (IHPC)  
Imperial Insurance Companies (ICTX)  
Imperial Insurance Companies, INC (EXAZ)  
Imperial Insurance Companies, INC (EXNV)  
Imperial Insurance Companies, INC (EXTX)  
Imperial Health Plan of Southwest (EXUT)  
Lone Star Medical Group (LNSTR)  
Health Cosmos of New Mexico (COSNM)  
Health Cosmos of Arizona (COSAZ)  
Health Cosmos of Nevada (COSNV)



**Did you know that you can now use Imperial's New Provider Portal?**  
Check eligibility, claim status, explanation of payment, submit documents securely, check authorization status quickly.



Imperial Health Holdings Website  
<http://imperialhealthholdings.com/>  
Imperial Health Plan Website  
<https://www.imperialhealthplan.com>  
**Did you know that you can now use Imperial's New Provider Portal?**  
Check eligibility, claim status, explanation of payment, submit documents securely, check authorization status quickly.

EZ-NET now supports Internet Explorer versions 9, 10 and 11. Always check with your IT before upgrading Internet Explorer.

**Did you know that you can now use Imperial's New Provider Portal?**  
Check eligibility, claim status, explanation of payment, submit documents securely, check authorization status quickly.

Username

Password

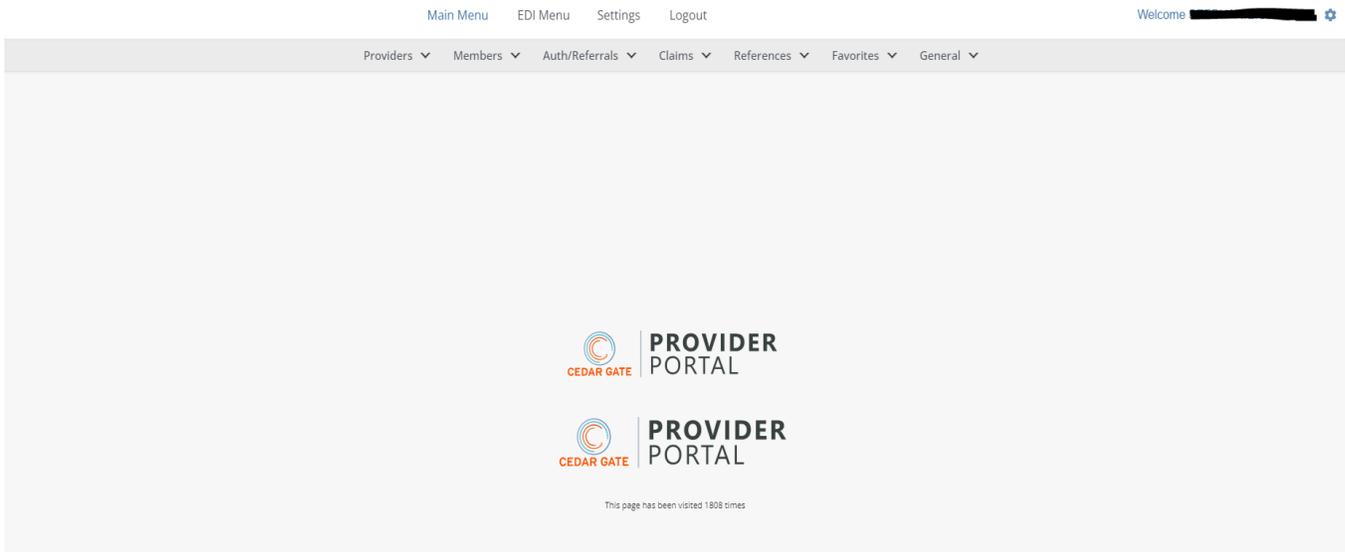
[Forgot Username/Password?](#)

Input your username and password provided by Imperial.

If this is the first time you are logging in, a window will pop up to confirm a valid company email address. (You may bypass this step).

Navigate to the **'Main'** menu tab at the top of the page:

On the **'Main'** menu page, you will have access to view **Providers, Members, Auth/Referrals, Claims, References, Favorites, General.**



# Providers

## Search for a Provider

Click on **Provider Search** in the Providers section of the Main Menu to search for providers. To search for a provider, enter any criteria you wish to narrow the results (or leave all fields empty to search ALL providers) and then click on the button.

EZ-NET will display the search result in the window below, sorted in your specified order (“Sort By” drop-down list). If the system does not locate any records that meet your search criteria, a message stating that “**NO RECORDS FOUND**” will display. Either replace/adjust selection criteria or click on Clear and reenter criteria.

Home >> Main Menu >> Providers >> Provider Search

Provider Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: ALL COMPANIES

Last Name:

Specialty:

Language:

Service Area:

Provider ID:

First Name:

City:

Zip:

Sort By: PROVIDER NAME

Search Clear

Provider Name	Specialty	Group	Phone	Zip	City, State	Language	Company
---------------	-----------	-------	-------	-----	-------------	----------	---------

Company ID	Select Company ID. Click on arrow to select from dropdown list. The listing contains multiple company identifications, usually with its acronym followed by its full name.
Provider ID	Provider ID an alpha, numeric or alphanumeric format.
Last Name	Last name of the Physician or the full name of a provider organization.

First Name	First name of the Physician. Note that provider organizations (Such as "Tower Radiology") will not have "first names."
Specialty	Primary specialty of the physician or provider organization. Value defaults to 'None Selected,' which means that the search will not be restricted to a Provider specialty. Searches can be limited to a specific Provider specialty by using the  button.
City	Name of the city in which the Provider's office is located.
Language	To can select the Language of the Physician.
Zip	Zip code in which the Provider's office is located.
Service Area	To select the Service area of the Physician.
Sort By	To specify the presentation order of the search results, click on the Sort By pick list and select one of the following available sort options:  Provider Name  Specialty  City/Name  City/Specialty  Zip/Name

## Provider Detail

To display provider details, select a provider from the search results list by clicking on the provider name (in **BLUE** text) in search result screen.

Provider Name	Specialty	Group	Phone	Zip	City, State	Language	Company
<a href="#">TEST123S</a>	GYNECOLOGY	SITAM_TEST					CITRA
<a href="#">YY MM</a>	VENDOR	VENDOR 01 FOR CAPITATION					CITRA
<a href="#">ABC GASTRO</a>	GASTROENTEROLOGY	VALENCIA DISTRICT HOSPITAL	8888888888	91724	COVINA,CA		NICE
<a href="#">FERNANDES DR JAMES</a>	ABDOMINAL SURGERY	MONTANA ENTERPRISES					NICE
<a href="#">HOPKINS ANTHONY</a>	ALLERGY	MONTANA ENTERPRISES					NICE
<a href="#">MEDLINE MEDICAL SUPPLIES</a>	DURABLE MEDICAL EQUIPMENT	MEDLINE MEDICAL SUPPLIES		91101	PASADENA,CA		NICE
<a href="#">PCF</a>	ALLERGY	SOMMER SPECIALTY PRACTICE	7894758962	04401	TEXAS,AK		NICE
<a href="#">RADIOLOGY GROUP</a>	RADIOLOGY	VALENCIA DISTRICT	6555555555	554554554	CITY AK		NICE

By clicking on a provider name, the user can view the Provider Details screen which contains buttons to also view Assigned Members (Eligibility List), Health Plan Affiliations, and Office Locations

Providers ▾
Members ▾
Auth/Referrals ▾
Claims ▾
References ▾
Favorites ▾
General ▾

Provider Details

**Provider Details**

Provider ID: 1234567	Company ID: NICE
Provider Name: HOPKINS ANTHONY	Class: PRIMARY CARE PHYSICIAN
Practice/ Group: MONTANA ENTERPRISES	Group ID: 14334
Address 1:	Specialty: ALLERGY
Address 2:	Country:
City/ State/ Zip:	Contract Effective: 01/01/2020
Phone:	Contract Term:
Fax:	Contract: CONTRACT W/ BONUS
Service Area:	

**Additional Information**

Field#	User Field	User Field Value	Field#	User Field	User Field Value
1.	UDF#1		2.	UDF#2	
3.	ACCEPTING		4.	VERIFIED	
5.	DATE VERIFIED		6.	NEXT VERIFICATION	

Assigned Members
Healthplan Affiliations
Office Locations

manager
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EZ-NET v6.9.0

Click on the Assigned Members, Health Plan Affiliations, and Office Locations buttons, as described in the following section.

## Displaying Additional Provider Information

Click on the Assigned members, Health Plan Affiliations, and Office Locations buttons to display additional provider information

To return to the main Provider Detail window, click the [Back to Provider Details](#) button at the bottom of each of the above windows.

## Assigned Members

The [Assigned Members](#) button displays member eligibility information for the members that are assigned to that provider. This includes the member's name, birth date, sex, health plan, option, effective date, PCP co-pay, term date, and the company ID for each member. If there are multiple members, there will be a row of this information for each. To return to the previous screen, select the screen name from the top right of the current screen.

The screenshot shows a web application interface for displaying member eligibility. At the top, there is a navigation menu with dropdowns for Providers, Members, Auth/Referrals, Claims, References, Favorites, and General. Below the menu, the breadcrumb path is 'Home >> Main Menu >> Providers >> Provider Search'. The main content area is titled 'Eligibility List' and includes a date '6/14/2023 4:49:15 AM' and a search criteria 'For: HOPKINS ANTHONY(1234567)'. A table displays the following data:

Member Name	Birth Date	Gender	Healthplan	Option	Eff Date	PCP Co-Pay	Term Date	Company
PRAJAPATI, ROMY	1/1/1996	FEMALE	NEPA	A	1/1/2020	N/A		NICE
SHRESTHA, PRATIK	1/1/1999	MALE	NEPA	A	1/1/2020	N/A		NICE

At the bottom of the table, there is a pagination control showing 'Page 1 of 1' and 'Total Item(s): 2'. A 'Back to Provider Details' button is located at the bottom center of the interface.

## Health Plan Affiliation

The [Healthplan Affiliations](#) button displays the provider's health plan affiliation(s). This information includes the health plan name, effective date, and the termination date for each health plan. If there are multiple health plans, there will be a row of this information for each plan. To return to the previous screen select the screen name from the top right of the current screen.

Healthplan Name	Effective Date	Prev Term Date
cathy and Kelli	1/1/2017	

## Office Locations

The button [Office Locations](#) displays the provider's office location including the street, city, state, zip, country, phone, fax, and the office type for each location. If there are multiple locations, there will be a row of this information for each location. To return to the previous screen select the screen name from the top right of the current screen.

Street	City, State	Zip	Country	Phone	Fax	Office Type
NO RECORDS FOUND						

# Members

## Search for a Member

Click on **Member Search** in the Members section in the Main Menu to search for members. To search for a member, enter any criteria you wish to narrow the results (or leave all fields empty to search ALL members) and then click on the button.

EZ-NET will display the search result in the window below, sorted in your specified order (“Sort By” drop-down list). If the system does not locate any records that meet your search criteria, a message stating that “**NO RECORDS FOUND**” will display. Either replace/adjust selection criteria or click on Clear and reenter criteria. If member is highlighted in red, this means they have termed. Term date will be on details page.

\*Member eligibility is required to be checked with the member’s health plan.

The screenshot shows the 'Member Search' interface. At the top, there is a navigation bar with dropdown menus for Providers, Members, Auth/Referrals, Claims, References, Favorites, and General. Below this is a breadcrumb trail: Home >> Main Menu >> Members >> Member Search. The main heading is 'Member Search' with a user icon and help icon. Below the heading is a prompt: 'ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED'. The search criteria form includes fields for Company ID (All Companies), Member ID (123), PCP ID, First Name, Last Name, Birth Date, Address 1, Address 2, City, State/Region, Zip, and Healthplan (SELECT HEALTHPLAN). A 'Sort By' dropdown is set to 'MEMBER NAME'. There are 'Search' and 'Clear' buttons. Below the form is a table with the following data:

Member ID	Member Name	Gender	Birth Date	Healthplan Name	Healthplan Option	N/E	From Date	Thru Date	PCP ID	PCP Name	Address 1	Address 2	City	St
123	WATSON	MALE	11/13/2015	SENIOR PLAN	SENIOR	<input type="checkbox"/>	11/10/2022	1/23/2023	0007	LAMA PUJA				
123	WOOD, JAMES	MALE	1/1/2000	HEALTHPLAN-UJ	OM-INT	<input type="checkbox"/>	1/1/2020		1010	YELLOW				

To display member details, click on a member ID in the “**Member ID**” column (in **BLUE** text) within the Member Search Results window. The Notes and Memos are displayed based on the PROVIDER ADMINISTRATION PORTAL Company Configurations.

\* If the member search returns no results, it does not necessarily mean that the member does not exist. Instead, it could mean that your practice is unable to view the details of members not related to your services. In this case, please call member services to check eligibility.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Home >> Main Menu >> Members >> Member Search

### Eligibility - Member Information





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#### Member Information

Company ID:	NICE	Member Name:	WATSON
Member ID:	123	Gender:	MALE
DOB:	11/13/2019	Age:	3.584 Years
Relation to Sub:		Home Phone:	
E-Mail:		Work Phone:	EXT:
Address:		Mobile Phone:	
		City/State/Zip:	

---

#### Member Benefit Information

Healthplan:	SEN	Benefits Plan:	SENIOR
Employer Group:		Employer Group Desc:	
Benefits Effective:	11/10/2021	Benefits Termed:	01/21/2023
Benefits Category:	A	Never Effective:	<input type="checkbox"/>

PCPOV

## Viewing a Member's Authorization History

From the Member Information window, view the member's auth history by clicking on the

**Auth History**

button to display the Authorization History for Member window.

Home >> Main Menu >> Members >> Member Search

### Auth History for Member



Member ID:	1000	Member Name:	LN 1234567890, FN 1234567890
Gender:	MALE	DOB:	01/01/1985
Age:	38.449 Years		

Auth Number	Request Type	Action Date	Performing Provider	Company
<a href="#">820220127700032500004</a>	A	1/27/2022	<a href="#">SITAM</a>	CITRA

Page  GO > of 1  Total Item(s): 1

[Back to Member Information](#)

## PCP HISTORY

From the Member Information window, view the member's PCP history by clicking on the **"PCP History"** button to display the PCP History for Member window.

This screen displays the PCP information for a member.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Home >> Main Menu >> Members >> Member Search

### PCP History for Member ?

Member ID: 100      Member Name: TEST EZ-NET  
Gender: MALE      DOB: 01/01/2000  
Age: 23.463 Years

C/H	PCP NPI Number	Provider Name	PCP From	PCP To
C	1265423917	TEST, TEST	3/4/2022	
H	1265423917	TEST, TEST	1/1/2010	3/3/2022

Page 1 GO> of 1 1 Total Item(s): 2 10 ▾

[Back to Member Information](#)

# Authorizations & Referrals

## Inquiry

To begin an inquiry, select the **Inquiry** option under the Authorization section of the Main Menu to display the **“Authorization/Referral Search”** screen.

EZ-NET PROVIDER PORTAL will display the search result(s) in the window below, sorted in your specified order (**“Sort By”** drop-down list). If the system does not locate any records that meet your search criteria, a message stating that **“NO RECORDS FOUND”** will display. Either replace/adjust selection criteria or click Clear and re-enter criteria.

**NOTE:** The Search Results list can be printed by clicking on the **‘View Report’** button.

Wednesday, June 14, 2023

PAGE: 1/1

### Auth / Referral Report

Auth/Referral Number	Request Type	Status	Memb ID	Member Name	Gender	DOB	Healthplan	Referring Provider	Performing Provider	Company	Priority	HP Auth Number
20230614700052700001	A	APPROV ED	M1998	M1998	FEMALE	01/01/1990	H1998	P1998	PRO1998	NICE	0	

# AUTHORIZATION DETAILS

From the Auth/Referral Search window, the User can access additional authorization details, member details, and Referring Provider details (in BLUE text in the screen below) by clicking on one of these listed in the Auth/Referral Search results window.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

### Auth/Referral Search

Auth/Referral #:  Member ID:

Requested Date: From:  To:  Status:  ▾

Auth/Action Date: From:  To:  Performing Provider ID:

Auth Exp Date: From:  To:  Referring Provider ID:

HP Authorization #:  Auth Priority Status:

Sort By:  ▾

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB	Healthplan	Referring Provider	Performing Provider	Company	Priority	HP Auth Numbe
<a href="#">20230614700052700001</a>	A	APPROVED	M1998	<a href="#">M1998</a>	FEMALE	1/1/1990	H1998	<a href="#">P1998</a>	<a href="#">PRO1998</a>	NICE	0	

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Home >> Main Menu >> Auth/Referrals >> Inquiry

### Authorization Details

Authorization # 20230614700052700001

Status: APPROVED

Processed By:

Place Of Service: OFFICE

LOS: 0

Priority Status: 0 - UNSPECIFIED

HP Authorization #:

Request Category:

Service Type:

Decision Date: 6/14/2023

Admit Source:

Facility Code:

Company ID: NICE

Requested Date: 06/14/2023

Time: 11:07:46

Auth Action: 06/14/2023

Determination Date: 06/14/2023

Time: 11:08:22

Expiration Date: 09/12/2023

Authorized Units: 0

Requested Units: 0

Certification Type:

Auth Service Pkg:

Admit Type:

Patient Status:

Patient Information

Patient Name: [M1998](#)

DOB: 01/01/1990

Age: 33 YEARS

Gender: FEMALE

Memb ID: M1998

Healthplan: H1998

PCP OV Co-Pay: N/A

Service Area:

Diagnosis Information

Additional Information

Referring Physician Information

# To Request an Authorization

Authorization requests can be submitted by the user directly through the PROVIDER ADMINISTRATION PORTAL system. To begin a submission, click **Submission** in the **Auth/Referrals** section of the Main Menu to display the Authorization Submission window. Fill all the required fields and click on the



button to submit the request.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Home >> Main Menu >> Auth/Referrals >> Auth Submission

### Authorization Submission Entry 📄 ?

Company ID:

**Master Record**

Requested Date:  Time:

Priority Status:  HIGH

LOS:

Member ID:

Service Area:

Requesting Provider ID:

Service Area:

Requested Provider ID:

Service Area:

Facility ID:

Place Of Service:   From Favorites

Auth Action:

Auth Expiration:

Authorized Units:

Healthplan Name:

Name:

Gender:

DOB:

Requesting Provider Name:

Requested Provider Name:

Facility Name:

Requested Units:

Certification Type:

Additional Master Info

Additional Information

Additional Master Info

Additional Information

LTR SVC REQUESTED:

LTR SVC MODIFIED:

MEMB NOTIFY DATE:

MEMB NOTIFY TIME:

MEMB NOTIFY BY MD?:

MD NOTIFY DATE:

MD NOTIFY TIME:

MD NOTIFIED BY?:

REFERRED TO CM?:

CALLER NAME:

CALLER PHONE:

MEDICAL CRITERIA MET:

DAY OF STAY:

INFO SOURCE:

ESTIMATED LOS:

FACILITY DAYS:

DENIAL REASON:

REVIEW DATE:

MEMBER COB:

EZNET:

Diagnosis

Diagnosis Code:  Add Diag *(Only 12 diagnosis codes allowed)*

Number	Code	Version	Description	LOINC Code

Authorization Submission Entry



Additional Information

Diagnosis

Diagnosis Code:

Number	Code	Version
--------	------	---------

Diagnosis Code Search X

No of Records: 1

Diagnosis Code:  Description:

Version:

Begins With  Contains  From Favorites

Code	Description	From Date	To Date	C/H	Version
<input type="checkbox"/> 110	ESSENTIAL (PRIMARY) HYPERTENSION	10/1/2015		C	10

Page 1 GO of 1 1 Total Item(s): 1 50

LOINC Code

Auth Action:

Service Requested

Procedure Code:

Auth Procedure Group:

Modifier 1:   From Favorites

Modifier 2:

Modifier 3:

Modifier 4:

Procedure Code:

Service Type:

Auth Procedure Group:

Modifier 1:   From Favorites

Modifier 2:

Modifier 3:

Modifier 4:

Service Line Amount:  Line Rate:

Auth Qty:  Diag Ref:

Admit Date:

Discharge Date:

Number of Days:

Admit Type:

Admit Source:

Requested Qty:

Request Category:

Certification Type:

Service Type:

Facility Type Code:

Additional DI Info	Auth Action	Auth Expiration	Auth Proc Grp	AuthServiceType	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Type	Service Code	Line Rate
<input type="button" value="Additional Detail Info"/>				A1402 P	CARDIAC W/MOTOR >38.55 & MOTR<					1.000	1					1.000						

Once all the information has been entered and selected, review the data entered the Authorization or Referral Submission Entry form. Submit the form by clicking the button at the bottom of the page. The notification dialog box will display the submission status. To review details of an authorization, click on the line that says “Your authorization or referral number is: #####” to display the Authorization/Referral Details screen.

Please note that all required medical record documents **MUST** be attached to the auth **prior** to submission for review. Authorizations and Referrals submitted **cannot** be modified and a new request will have to be submitted. **CPT codes/quantity adjustments cannot be modified after submission.**

Please ensure that your request is accurate as we must process it as we receive it.

Main Menu   EDI Menu   Settings   Logout Welcome [REDACTED]

---

Providers ▾   Members ▾   Auth/Referrals ▾   Claims ▾   References ▾   Favorites ▾   General ▾

Service Line Amount:  Line Rate:

Auth Qty:  Diag Ref:

Admit Date:

Number of Days:

Admit Source:

Request Category:

Service Type:

Discharge Date:

Admit Type:

Requested Qty:

Certification Type:

Facility Type Code:

[Add Proc](#)

Additional Dtl Info	Auth Action	Auth Expiration	AuthServiceType	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Code	Service Line Code	Line Amount	Rate
✖ <a href="#">Additional Detail Info</a>	▾	▾	A1402 P	CARDIAC W/INACTOR >38.55 & MOTR<	▢	▢	▢	▢	1,000	1	▾	▾	▢	▢	1,000	▢	▢	▢	▢	▢	▢	▢

Auth Notes [\(Click to Enlarge Notes\)](#)

Submit Request
Clear Form

## Turn-Around Times

**Medi-Cal Standard: 5 Business Days**

**Medicare Standard: 14 Calendar Days**

**Urgent: 72 Hours (Medically necessary)**

**Retro: 30 Days**

# Claims

## Inquiry

The Claim Inquiry screen is where a user can look up claim to inquire on the status of a submitted claim. This will provide claim submission details when the user clicks on one of the claims listed in the table at the bottom of the screen once a search is performed.

To begin an inquiry, click **Inquiry** in the Claims section of the Main Menu to display the Claim Search window.

The screenshot shows the 'Claim Search' window. At the top, there is a navigation bar with 'Main Menu', 'EDI Menu', 'Settings', and 'Logout'. A 'Welcome' message is visible on the right. Below the navigation bar, there are dropdown menus for 'Providers', 'Members', 'Auth/Referrals', 'Claims', 'References', 'Favorites', and 'General'. The breadcrumb trail reads 'Home >> Main Menu >> Claims >> Search'. The main heading is 'Claim Search' with a help icon. Below this is a section titled 'ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED'. The search form includes the following fields: Company ID (dropdown: ALL COMPANIES), Status (dropdown: NONE SELECTED), Patient Last Name, Auth/Referral#, Medical Record#, Sort By (dropdown: CLAIM #), Member ID (input with search icon), Provider Last Name, Patient First Name, Provider Patient ID, Provider Claim#, Claim#, Provider First Name, Service Date From (dropdown) To (dropdown), Hosp Patient ID, and Cross Reference ID. There are 'Search' and 'Clear' buttons. Below the form is a table with the following columns: Claim Number, Member Name, Provider Name, Provider Claim ID, Date Of Service, Status, and Company. The table is currently empty.

Click on the **Search** button. PROVIDER ADMINISTRATION PORTAL returns the Claim Search Results window, a grid displaying search results sorted in the specified order:

The screenshot shows the 'Claim Search Results' window. It features the same 'Search' and 'Clear' buttons at the top. Below them is a table with the following columns: Claim Number, Member Name, Provider Name, Provider Claim ID, Date Of Service, Status, and Company. The table contains one row of data:

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status	Company
20230614900000100002	9855	9855		1/1/2022	PAID	NICE

At the bottom of the table, there is a pagination bar showing 'Page 1 of 1 Total Item(s): 1' and a dropdown menu set to '10'. The footer includes a user profile icon labeled 'manager', a copyright notice '© 2023 Cedar Gate Technologies | Privacy', and the version number 'EZ-NET V6.0.0'.

To display claim detail, click on the selected claim in the “**Claim #**” column (in **BLUE** text) in the Search Results window.

When you want to go back to *the Claim Search Results or Claims* window, use the navigation tool in the top left of the screen by clicking on the name of the screen you want.

The screenshot shows a web application interface for 'Claim / Encounter Details'. At the top, there is a navigation menu with options: Providers, Members, Auth/Referrals, Claims, References, Favorites, and General. Below the menu, the breadcrumb path is 'Home >> Main Menu >> Claims >> Search'. The main content area is titled 'Claim / Encounter Details' and contains several sections:

- Status Information:** A table with two columns. The left column contains labels and values: Claim#: 20230614900000100002, Auth/Referral#: (blank), Date Received: 06/14/2023, Date Paid: 06/14/2023, Payment Status: F, Vendor: 9855, Payee: VENDOR. The right column contains labels and values: Company ID: NICE, Status: PAID, Provider Claim #: (blank), Check: 43564858, EFT Trace #: (blank), Reference #: (blank), Claim Type: Professional, Cross Reference ID: (blank).
- Patient Information:** A table with labels and values: Name: 9855, DOB: 01/01/1990, Gender: MALE, Age: 33 Years.
- Diagnosis Information:** A table with three columns: Code, Version, and Description. It contains one row: Code: BUN, Version: 9, Description: BUN.

The screenshot shows a web application interface for 'Member / Provider Details'. It contains several sections:

- Member Information:** Health Plan: BUN, Member ID: 9855, Benefit Plan: BUN, Prov Pat ID: (blank), Address: (blank), Service Area: (blank).
- Provider Information:** Name: 9855, Provider ID: 9855, Specialty: 11, Place Of Service: OFFICE, From Date: 01/01/2022, Through Date: (blank), Service Area: (blank).
- Additional Information:** A list of fields with empty input boxes: DENIAL STATUS CODES:, PARENT NAME < 14:, PROVIDER NAME:, MEMBER LETTER:, CONTACT CCS:, PDR DECISION:, PDR LETTER SENT:, TEST UDF:.

To view details of the Member or Provider, click on the link (**NAME** in red text) to display the individual information and detail windows.

Eligibility - Member Information



Member Information

Company ID:	NICE	Member Name:	9855
Member ID:	9855	Gender:	MALE
DOB:	01/01/1990	Age:	33.452 Years
Relation to Sub:		Home Phone:	
E-Mail:		Work Phone:	EXT:
Address:		Mobile Phone:	
		City/State/Zip:	

Member Benefit Information

Healthplan:	BUN	Benefits Plan:	BUN
Employer Group:		Employer Group Desc:	
Benefits Effective:	01/01/2022	Benefits Termed:	
Benefits Category:	A	Never Effective:	<input type="checkbox"/>

PCP OV

manager

Provider Details



Provider Details

Provider ID:	9855	Company ID:	NICE
Provider Name:	9855	Class:	THIS IS CLASS CODE OF UJALA
Practice/ Group:	9855	Group ID:	9855
Address 1:		Specialty:	11
Address 2:		Country:	
City/ State/ Zip:		Contract Effective:	
Phone:		Contract Term:	
Fax:		Contract:	NO CONTRACT
Service Area:			

Additional Information

Field#	User Field	User Field Value	Field#	User Field	User Field Value
1.	UDF#1		2.	UDF#2	
3.	ACCEPTING		4.	VERIFIED	
5.	DATE VERIFIED		6.	NEXT VERIFICATION	

Assigned Members

Healthplan Affiliations

Office Locations

manager

Click on the **DETAIL** link (in the Detail column in the Services Requested table) to view the line-item detail of the Services rendered.

Sequence	Details	Service D	Service C	Description	CPT Mo	Qty	Billed Amt	Cnt: Amt	Deductible	Deductible E	Deductible F	Copay	Coinsu	WH Am	Adj Am	Net Pai	Adj Grp Co	Adj Cod	Adj Desc	Remitt_Cc	Remitt_Des	
1	<a href="#">DETAIL</a>	1/1/2022	BUN1			1.0	1000.00	1000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1000.00						
2	<a href="#">DETAIL</a>	1/1/2022	BUN1			1.0	2500.00	2500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2500.00						
							<b>Total : \$</b>	<b>\$ 3500</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 3500</b>						

Home >> Main Menu >> Claims >> Search

### Claim Line Item Details

Status Information			
Claim#:	20230614900000100002	Status:	PAID
Service Code:	BUN1	Check:	43564658
Service Description:	BUN1	EFT Trace #:	
Service Date:	01/01/2022	Reference #:	
Date Paid:	06/14/2023	Mammography Cert #:	
Quantity:	1.000		
Billed Amount:	\$1000.00		
Contract Amount:	\$1000.00		
Deductible	\$0.00		
Deductible Details	\$0.00		
Deductible Adv Rule	\$0.00		
Co-pay Amount:	\$0.00		
Co-Insurance:	\$0.00		
Withhold Amount:	\$0.00		

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