

Welcome to My Insurance ManagerSM

Use this free online feature to file HIPAA-compliant claims and access other information about your claims and your patients.

HCFA-1500 Claims Entry

Log into My Insurance Manager. Then click on “Professional Claim Entry” on the top menu.

If this is the first time you have entered the Professional Claim Entry section with your profile, a Claims Entry Agreement will appear. Read the agreement and click on “Accept” to continue. (If you do not accept, you will be returned to the main page.) You only need to accept once for the profile.

Welcome Screen

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

Home | Print | Logout

You are signed in as Dr. Blue, Blue Family Practice.

Professional Claim Entry

Welcome to Professional Claim Entry!

Please note: This feature is not available from 11:30 p.m. to 4:00 a.m. Eastern Time for maintenance purposes.

Superbill
Enjoy the convenience of Superbill with two easy steps.

- First, [customize](#) one or more Superbills with your most frequently used procedures and diagnosis codes. You can also copy, delete or make changes to existing Superbills.
- Next, submit a Superbill claim using one of your stored Superbills.

You can use Superbill to file primary claims for one date of service. For other professional claims, please use the HCFA-1500.

HCFA-1500 Claims

- [Submit a HCFA-1500 Claim](#)
- [Get more information about HCFA-1500 Claims filing.](#)

Who Can File Online?
Healthcare professionals located in South Carolina or in counties contiguous to the state may submit claims online. All other professionals must submit claims to the BlueCross plan in their local service area.

Back Help

Click on “Submit a HCFA-1500 Claim” to begin the process.

Please note: Only healthcare professionals located in the BlueCross BlueShield of South Carolina service area, or with offices in contiguous counties to the BlueCross service area, may file online. All others must file to the BlueCross plan in their local service area.

SMMy Insurance Manager is a Service Mark of BlueCross BlueShield of South Carolina.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

The HCFA-1500 Online Form

The online form is broken down into multiple sections. We've marked required fields with a red asterisk. You'll notice, however, that some fields are required for certain situations and are not always marked. If the information you submit is not complete, you'll see an error message when you click "Continue."

Submitter Verification Screen

My Insurance ManagerSM Healthcare Professionals **Health** **Dental**

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory [Home](#) [Print](#) [Logout](#)

You are signed in as Dr. Blue, Blue Family Practice. All fields are required.

Professional Claim Entry

HCFA-1500 Claims Entry

Submitter Verification

If the following submitter information is not correct, please [modify your profile](#).

Submitter's First Name: **Dr.**

Submitter's Last Name: **Blue**

E-mail Address: **aa@ab.com**

Telephone: **555-555-5555**

Fax Number: **555-444-4444**

Tax ID Number: **111111111**

Tax ID Number Type:* **1**

Health Plan Selection

Please choose the health plan listed on the Member's ID card: *

2

Is this plan the primary payer? *

3

1. First, choose the Tax ID Number Type – Employer's Identification Number (EIN) or Social Security Number (SSN).
2. Second, choose the health plan from the menu. **Important: To avoid claim processing delays or denials, be sure to choose the correct health plan.**
3. Then indicate whether the plan you selected is the primary payer.

Location Selection Screen

If you have multiple locations for your billing number, you will see this screen. Choose the appropriate billing number from the Primary ID column, and it will automatically populate future screens. The number listed in the Primary ID column is the National Provider Identifier (NPI) for those locations that have an NPI on file with BlueCross BlueShield of South Carolina. For atypical providers (those not required to get an NPI), the Tax ID displays in this column.

If the location requires an NPI, but you don't have one on file with us, the phrase "NPI Unknown" will display. You will still be able to click on the link and file a claim for that location until the Centers for Medicare & Medicaid Services (CMS) fully implements NPI. After the contingency period has ended, you will see "NPI Required," and you will be unable to file a claim for this location.

My Insurance ManagerSM Healthcare Professionals | Health | Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | Print | Logout

You are signed in as Dr. Blue, Blue Family Practice.

Professional Claim Entry

Provider

Location Selection
Please choose one of the following Primary IDs to view your patient directory.

Please note: To sort by Primary ID, Provider Name, Address, City or Specialty, please click the column title.

Primary ID ▲	Provider Name	Address	City	Specialty
1234567890	BLUE FAMILY PRACTICE	200 HOSPITAL CIR STE 100	COLUMBIA	FAMILY PRACTICE
2222222222	BLUE GENERAL HOSPITAL	100 HOSPITAL CIR	COLUMBIA	SHORT TERM GENERAL HOSPITAL
NPI Unknown	BLUE GENERAL SURGICAL PROFESSIONALS	200 HOSPITAL CIR STE 200	COLUMBIA	GENERAL SURGERY

Back

After mandate:

My Insurance ManagerSM Healthcare Professionals | Health | Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | Print | Logout

You are signed in as Dr. Blue, Blue Family Practice.

Professional Claim Entry

Provider

Location Selection
Please choose one of the following Primary IDs to view your patient directory.

Please note: To sort by Primary ID, Provider Name, Address, City or Specialty, please click the column title.

Primary ID ▲	Provider Name	Address	City	Specialty
1234567890	BLUE FAMILY PRACTICE	200 HOSPITAL CIR STE 100	COLUMBIA	FAMILY PRACTICE
2222222222	BLUE GENERAL HOSPITAL	100 HOSPITAL CIR	COLUMBIA	SHORT TERM GENERAL HOSPITAL
NPI Required	BLUE GENERAL SURGICAL PROFESSIONALS	200 HOSPITAL CIR STE 200	COLUMBIA	GENERAL SURGERY

Patient Directory Screen

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

You are signed in as Dr. Blue, Blue Family Practice.

Your Patient Directory

Location Selected: **BLUE FAMILY PRACTICE**
Primary ID: **1234567890**

Patient Search:
Search by **Alphabet** - Browse your directory alphabetically by the first letter of the patient's last name.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 122 total patient(s)

Search With Details - Enter some or all of the information.

Member ID: (Include [alpha prefix](#), if applicable) Patient's Account Number:

Patient's Last Name: Patient's First Name: (Include [patient's last name](#))

Add a Patient
To add a new patient or a patient with a new health plan to your directory, please complete the information.

Member ID: (Include [alpha prefix](#), if applicable) Patient's Date of Birth: / / (mm/dd/yyyy)

Please note: To bypass your patient directory and return to Claims Entry, please click "Continue".

The next screen is the Patient Search screen in Your Patient Directory. You can search for a patient already added in your directory, or add a patient to the directory by using this page.

Patient Directory Patient List Screen

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

You are signed in as Dr. Blue, Blue Family Practice.

Your Patient Directory

Patient List

Number of Patients: 2 Page 1 of 1

Please choose your patient.

	Patient's Name	Member ID	Patient's Date of Birth	Date Created	Last Updated
Delete	TESTING, MARTHA	999574317	09/01/1960	2007-05-22	2007-05-22
Delete	TESTING, MICHAEL	999574317	10/01/1958	2007-05-22	2007-05-22

Choosing a patient name from this list automatically populates basic information such as name, address and member ID in the online claim form.

Patient Directory Patient Details Screen

My Insurance ManagerSM Healthcare Professionals
Health Dental

[Claims Status](#) | [Eligibility and Benefits](#) | [Professional Claim Entry](#) | [UB-92 Claims Entry](#) | [Authorization/Pre-Certification/Referral](#)
[Verify Primary Care Physician](#) | [Other Health Insurance](#) | [Remittance Information](#) | [Modify Profile](#) | [Your Mailbox](#) | [Your Patient Directory](#)
Home Print Logout

You are signed in as Dr. Blue, Blue Family Practice.

Your Patient Directory

Your Patient Directory

Patient Details Required fields feature an asterisk (*).

Patient Information

Last Name:* First Name:* MI: Suffix: Sex:* Date of Birth:*
 TESTING MICHAEL Male 10 / 01 / 1958 (mm/dd/yyyy)

Relationship to Member:* Member ID:* (As shown on the member's ID card)
 SELF 999574317

Address Line 1:* Address Line 2:
 123 TEST AVE

City:* State:* ZIP/Postal Code:*
 COLUMBIA South Carolina 29201 -

Country: (If outside US) Patient Account Number:
 123

Health Plan:*
 BlueCross BlueShield Plans

Release of Information*
 APPROPRIATE RELEASE OF INFORMATION ON FILE AT HEALTH CARE SERVICE PROVIDER OR AT UTILIZATION REVIEW ORGANIZATION

Patient Signature Source*
 SIGNED SIGNATURE AUTHORIZATION FORM OR FORMS FOR BOTH HCFA-1500 CLAIM FORM BLOCK 12 AND BLOCK 13 ARE ON FILE

Payment Assigned*
 Yes

Member Information
 Please update or add missing information.

Last Name:* First Name:* MI: Suffix:
 TESTING MICHAEL

Address Line 1:* Address Line 2:
 123 TEST

City:* State:* ZIP/Postal Code:*
 COLUMBIA South Carolina 29201 -

Country: (If outside US)

Date Created: Time Created: Last Updated: Time Updated:
 05/22/2007 14:59:31 05/22/2007 15:00:24

All required fields are marked with a red asterisk.

If the patient is not the member, then we automatically copy all the information except the first name into the member section at the bottom of the screen. You may key over any information that you need to change.

After completing the required fields, click Continue to proceed.

Patient Directory Update Successful Screen

The screenshot shows the 'My Insurance Manager' interface for healthcare professionals. The top navigation bar includes 'Health' and 'Dental' tabs. Below the navigation bar, there are several menu items: 'Claims Status', 'Eligibility and Benefits', 'Professional Claim Entry', 'UB-92 Claims Entry', and 'Authorization/Pre-Certification/Referral'. A secondary navigation bar contains 'Verify Primary Care Physician', 'Other Health Insurance', 'Remittance Information', 'Modify Profile', 'Your Mailbox', and 'Your Patient Directory'. On the right side of this bar, there are links for 'Home', 'Print', and 'Logout'. The main content area displays a message: 'Update Successful' followed by 'Your update was successful' and 'What would you like to do next?'. Three radio button options are listed: 'Continue with Claims Entry' (which is selected), 'Add another patient', and 'Search for new patient'. An 'OK' button is located at the bottom of the message area. A vertical sidebar on the left is labeled 'Your Patient Directory'. In the top right corner of the main content area, it says 'You are signed in as Dr. Blue, Blue Family Practice.'

From this screen, you may make further updates to your Patient Directory, or continue with claims entry.

General Claim Information Screen

Instructions for General Claim Information Screen

Required fields include:

- Claim Type
 - Place of Service
 - Diagnosis Code
 - Release of Information (automatically completed if you chose the patient from the Directory)
 - Patient Signature Source (automatically completed if you chose the patient from the Directory)
 - Payment Assigned (automatically completed if you chose the patient from the Directory)
 - Signature on File (health care professional)
 - Accepts Assignment
 - Rendering NPI, EIN or SSN (required for multispecialty clinics and multispecialty psychiatric clinics)
- *Claim Type:**
If you choose “Replacement of Prior Claim” or “Void of Prior Claim” you must include the Prior Claim number.

NOTE: This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.

Claim Lines Screen

Here you may enter up to 50 additional lines by choosing the number in the Claim Lines box we've marked in red below.

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry Required fields feature an asterisk (*).

Claim Lines

Total Claim Charges:* Amount Patient Paid: Number of Claim Lines:*
 \$ [] [] \$ [] [] 1

Please note: 1) All dates should be in the mm/dd/yyyy format.
 2) We require a To Date of Service, when service spans more than one day.
 3) Each line requires either the Days/Units or Anesthesia Minutes.
 4) We require the following information on claim lines when it differs from information previously given: the Place of Service, the Rendering NPI, EIN or SSN; and (on claims involving a referral) the Referring NPI, EIN or SSN.

Line #1: [Clear this line](#) [Delete this line](#)

Procedure:* Modifiers: Charges:* Days/Units:* Anesthesia Minutes:*
 [] [] [] [] [] \$ [] [] [] or []

From Date of Service:* To Date of Service: Primary* & Secondary Diagnosis Codes:
 [] / [] / [] [] / [] / [] -- Please Choose One -- [] [] []

Place of Service: Emergency: EPSDT: Family Planning: Copay Waiver:
 OFFICE (11) [] [] [] []

Rendering NPI, EIN or SSN: Referring NPI, EIN or SSN:
 [] []

[Add a New Claim Line](#)

Continue Back Clear Form Start Over

The text in blue gives instructions on filling in the form.

Required fields include:

- Total Claim Charges
- Number of Claim Lines
- Procedure
- Charges
- Days/Units **OR** Anesthesia Minutes *Enter a value in only one box.*
- From Date of Service
- Primary Diagnosis Code

Base Claim Validation Screen

My Insurance ManagerSM Healthcare Professionals **Health** **Dental**

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory [Home](#) [Print](#) [Log](#)

You are signed in as Dr. Blue, Blue Family Pract **Required fields feature an asterisk (*).**

Professional Claim Entry

HCFA-1500 Claims Entry

Base Claim Validation

Member ID: **999574317**
 Patient's Name: **MICHAEL TESTING**
 Patient's Date of Birth: **10 / 01 / 1958**
 Patient's Gender: **Male**

Please choose the processing method you want to use for this claim.*

Submit this claim for immediate processing.
 Submit this claim for overnight processing.

Please Note: We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction.

Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.

At this point you must decide whether you would like immediate processing or overnight processing.

For an immediate response on the claim, if available, choose “Submit this claim for immediate processing.” Use this if you want to determine actual payment when you submit the claim. If there are deferrals on the claim, the claim will revert to overnight processing.

For batch processing, choose “Submit this claim for overnight processing.” You can check the claim status the following day.

The choice of processing does not delay speed of payment.

Then click “Validate Claim” to check the base claim (everything you have entered so far.) **Once we have validated this part and you have corrected any errors, you may not make any changes.**

Validation does not automatically submit the claim. To do so, you must click the “Submit” button (see page 17).

Validation Error Screen

My Insurance ManagerSM Healthcare Professionals **Health** **Dental**

Claims Status | Eligibility and Benefits | **Professional Claim Entry** | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory Home Print Log

You are signed in as Dr. Blue, Blue Family Pract

All fields are required.

Professional Claim Entry **HCFA-1500 Claims Entry**

Validation Errors

251: SUBSCRIBER ID NOT ON FILE AS ENTERED

[Patient Information](#) [General Claim Information](#) [Claim Line](#) [Validate Base Claim](#)

Patient Information

Last Name:* First Name:* MI: Suffix: Sex:* Date of Birth:*

Testing Martha Female 09 / 01 / 1960 (mm/dd/yyyy)

Relationship to Member:* Member ID:* (Include any prefixes and suffixes)

Spouse 9999574317

Address Line 1:* Address Line 2:

123 Test Ave

City:* State:* ZIP Code:*

Columbia South Carolina 29201 -

Country: (If outside US) Patient Account Number:*

--Please Choose One-- 222

Date of Death: Weight: Is Patient Pregnant:

/ / (mm/dd/yyyy)

Member Information

(We require this information when the patient is not the member. If the patient and member do not share the same address, please change the information below.)

Last Name:* First Name:* MI: Suffix: Member ID:*

If there is an error, the edit will appear in red at the top of the screen. Blue links to the various screens allow you to move between sections of the form.

Claim Submission Screen

My Insurance ManagerSM Healthcare Professionals **Health** **Dental**

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | Print | Log Out

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry

Claim Submission

Member ID: **999574317**

Patient's Name: **MICHAEL TESTING**

Patient's Date of Birth: **10 / 01 / 1958**

Patient's Gender: **Male**

We now have all the information we need to process this claim.

The Health Insurance Portability and Accountability Act (HIPAA) requires all health plans to accept additional data content on claims for professional services. Examples of additional information you can include on a claim include ambulance transport certifications, home healthcare treatment plans and drug identification.

Find detailed information about what type of information you can add to a claim [here](#).

If you would like to add additional HIPAA data, please choose from the following options:

1 Click [here](#) to add information that applies to the entire claim.
Please note: you can only add information that applies to the entire claim once.

2 Click [here](#) to add information that applies to a specific claim line.

Required fields feature an asterisk (*).

At this point, we have enough information to adjudicate the claim. HIPAA requires us, however, to offer you the chance to add additional information.

You can enter additional information to either

1. The entire claim, or
2. An individual line.

See pages 14-18 for screenshots of the additional information screens.

To bypass the additional information, just click "Submit Claim."

Receipt Confirmation Screen

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | **Print** | Log Out

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry

Receipt Confirmation

Member ID: **999574317**
Patient's Name: **MICHAEL TESTING**
Patient's Date of Birth: **10 / 01 / 1958**
Patient's Gender: **Male**

We have received and are processing your claim.

Claim Number: **71430004W** [View Claim Status](#)

Submit another claim for the [same Tax ID](#).
Submit another claim for a [different Tax ID](#).

After submitting the claim, you will receive a claim number. Please print this page for your records. The print option is in the top right corner.

Additional Claim Information Selection

If you choose to add information to the entire claim, you'll see this screen.

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | Print | Log

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry

Additional Claim Information Selection

Required fields feature an asterisk (*).

This information will apply to all claim lines included on this claim. If the information only applies to an individual claim line, then please submit it at the claim line level and not here. You can find more information on required information [here](#).

Please choose the information that you want to add to this claim:

- Ambulance Services Information
- Home Health Information
- Last Menstrual Period Date
- Last X-Ray Date
- Mammography Certification Number
- Onset of Current Illness/Symptom Date
- Place of Service Information
- Purchased Service Information
- Similar Illness/Symptom Date
- Supervising Healthcare Professional
- Supplemental Paperwork Information

Continue Back Clear Form Start Over

Check the boxes of the type of information you would like to add. You may check as many boxes as you wish. Click “Continue” and My Insurance Manager will give you specific screens based on what you chose.

Additional Claim Information

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

Home | Print | Log

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry

Required fields feature an asterisk (*).

Additional Claim Information

Similar Illness/Symptom Date
 (Required when claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.)

Similar Illness/Symptom Date:
 / / (mm/dd/yyyy)

[Skip this information](#)

Supervising Healthcare Professional Information
 Please note: Required when a physician supervises the rendering healthcare professional.

Primary ID:* Primary ID Type:
 -- Please Choose One --

Last Name:* Suffix: First Name:* MI:

Secondary ID: Secondary ID Type:

[Skip this information](#)

Continue Back Clear Form Start Over

Here is an example of the Additional Claim Information screen with two sections - Similar Illness Symptom Date and Supervising Healthcare Professional. On these screens, when applicable, the Primary ID Type fields include NPI, EIN and SSN options.

Additional Claim Information Validation Screen

You must validate any additional information you add.

The screenshot shows the 'My Insurance Manager' interface for Healthcare Professionals. The top navigation bar includes 'Health' and 'Dental' tabs. A secondary navigation bar contains links for 'Claims Status', 'Eligibility and Benefits', 'Professional Claim Entry', 'UB-92 Claims Entry', and 'Authorization/Pre-Certification/Referral'. A third navigation bar includes 'Verify Primary Care Physician', 'Other Health Insurance', 'Remittance Information', 'Modify Profile', 'Your Mailbox', and 'Your Patient Directory'. On the right, there are links for 'Home', 'Print', and 'Log Out'. The user is signed in as 'Dr. Blue, Blue Family Pract'. The main content area is titled 'Professional Claim Entry' and 'HCFA-1500 Claims Entry'. Below this is the 'Additional Claim Line Information Validation' section, which displays the following information: Member ID: 999574317, Patient's Name: MICHAEL TESTING, Patient's Date of Birth: 10 / 01 / 1958, and Patient's Gender: Male. A blue 'Please Note' states: 'We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction.' Below the note, it says: 'Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.' At the bottom, there are three buttons: 'Validate Claim', 'Back', and 'Start Over'.

Additional Claim Line Information Selection Screen

My Insurance ManagerSM Healthcare Professionals **Health** **Dental**

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | Print | Log

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry Required fields feature an asterisk (*).

Additional Claim Line Information Selection

Patient's Name: **TESTING, MICHAEL**

Here is a list of the line items for this claim. To add more line item information, please choose the line number. You may only add more information to a claim line once.

Ln	Healthcare Professional	Procedure	Date of Service	Charges
01	1234567890	99213	05/23/2007	\$55.00

If you choose to add additional information to a line (see page 12), you will see this screen. Choose the number of the line to which you wish to add information.

Additional Claim Line Information

Again, check the items needed, and My Insurance Manager will create a screen with those sections.

My Insurance ManagerSM Healthcare Professionals **Health** **Dental**

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory | Home | Print | Log

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry Required fields feature an asterisk (*).

Additional Claim Line Information

Ln	Healthcare Professional	Procedure	Date of Service	Charges
01	1234567890	99213	05/23/2007	\$55.00

Please Note: This information only applies to the above claim line.

Choose the information that you want to add to this claim line:

- Ambulance Services Information
- Claim Line Note
- DMERC Condition Indicator
- Drug Identification
- Durable Medical Equipment Service
- Home Healthcare Plan Delivery Pattern
- Home Oxygen Therapy Information
 - Oxygen Flow Rate
 - Oxygen Saturation/Arterial Blood Gas Test Date
- Line Item Control Number
- Mammography Certification Number
- Onset of Current Illness/Symptom Date
- Ordering Healthcare Professional
- Place of Service Information
- Postage Amount
- Prior Authorization or Referral Number
- Purchased Service Information
- Similar Illness/Symptom Onset Date
- Test Date
- Test Results
- Supervising Healthcare Professional

Additional Claim Line Information, cont.

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry

Required fields feature an asterisk (*).

Additional Claim Line Information

Ln	Healthcare Professional	Procedure	Date of Service	Charges
01	1234567890	99213	05/23/2007	\$55.00

Claim Line Note

(Required if the submitter used a "not otherwise classified" (NOC) procedure code on this service line. In that case, please choose "Additional Information" under Note Type. Otherwise, use at providers discretion.)

Note Type:*

Claim Line Note:*

[Skip this information](#)

Please note: You must choose the Continue button and validate the information that is being added to this claim line, before adding information that applies to another claim line.

Continue Back Clear Form Start Over

This is an example of a page using only the Claim Line Note section.

Additional Claim Line Validation

My Insurance ManagerSM Healthcare Professionals

Health Dental

Claims Status | Eligibility and Benefits | Professional Claim Entry | UB-92 Claims Entry | Authorization/Pre-Certification/Referral

Verify Primary Care Physician | Other Health Insurance | Remittance Information | Modify Profile | Your Mailbox | Your Patient Directory

You are signed in as Dr. Blue, Blue Family Pract

Professional Claim Entry

HCFA-1500 Claims Entry

Additional Claim Line Information Validation

Member ID: 999574317
 Patient's Name: MICHAEL TESTING
 Patient's Date of Birth: 10 / 01 / 1958
 Patient's Gender: Male

Please Note: We must validate all claim information before you can submit it for processing. If we find any errors, we will return the claim to you for correction.

Once we validate the claim information and you have corrected any errors, you cannot make changes to that information.

Validate Claim Back Start Over

Once everything is complete, click "Validate Claim."

Claim Submission Screen

When validation is complete and all errors are corrected, you are ready to submit the claim.

The screenshot shows the 'My Insurance Manager' interface for 'Healthcare Professionals'. The user is logged in as 'Dr. Blue, Blue Family Pract'. The page title is 'HCFA-1500 Claims Entry'. Under the 'Claim Submission' section, the following information is displayed:

- Member ID: 999574317
- Patient's Name: MICHAEL TESTING
- Patient's Date of Birth: 10 / 01 / 1958
- Patient's Gender: Male

A message states: "We now have all the information we need to process this claim." Below this is a "Submit Claim" button. A note mentions HIPAA requirements for additional data on claims. A "Start Over" button is located at the bottom left.

Receipt Confirmation Screen

The screenshot shows the 'My Insurance Manager' interface for 'Healthcare Professionals'. The user is logged in as 'Dr. Blue, Blue Family Pract'. The page title is 'HCFA-1500 Claims Entry'. Under the 'Receipt Confirmation' section, the following information is displayed:

- Member ID: 999574317
- Patient's Name: MICHAEL TESTING
- Patient's Date of Birth: 10 / 01 / 1958
- Patient's Gender: Male

A message states: "We have received and are processing your claim." Below this, the 'Claim Number: 71430004W' is shown with a link to 'View Claim Status'. At the bottom, there are links to submit another claim for the 'same Tax ID' or a 'different Tax ID'. A red box highlights the 'Print' button in the top right corner, with a red line extending downwards from it.

After submitting the claim, you will receive a claim number. Please print this page for your records. The print option is in the top right corner.

NOTE: This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.