



aerialTM

Provider Handbook

Managed by



Updated: September 2025

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Getting Started



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About Aerial

Through the secure and password protected portal, providers and their staff can access the following:

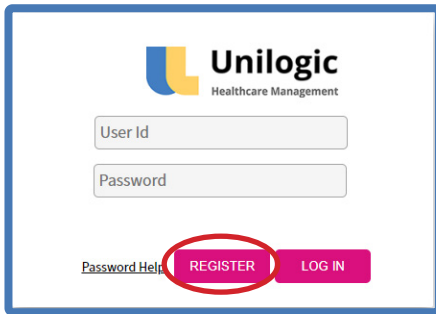
- Member Eligibility
- Request Referrals
- View Referral Status
- Claim Status
- Print EOBs

Education & Training

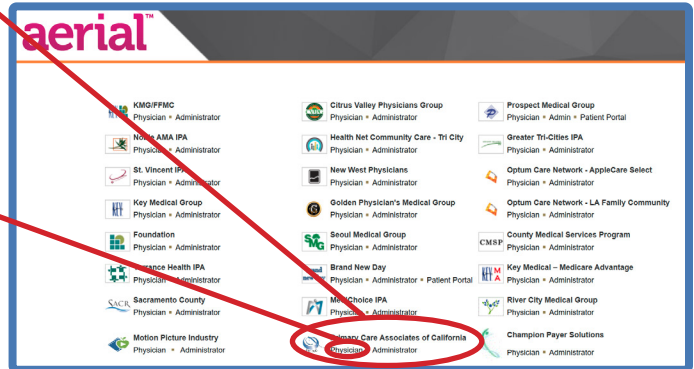
Our staff is available to provide telephonic and one-on-one support for the Aerial portal. Demonstrations can be planned at a time that is most convenient for your office and can be scheduled by contacting Provider Relations at providerrelations@unilogichealthcare.com or by calling (657)465-3500 and select option 3 for Provider Portal Support.

Sign Up for an Account

1. Go to <https://aerial.carecoordination.medecision.com/login.html>
2. Go to **Primary Care Associates of California**
3. Click on **"Physician"**
4. Click on Register



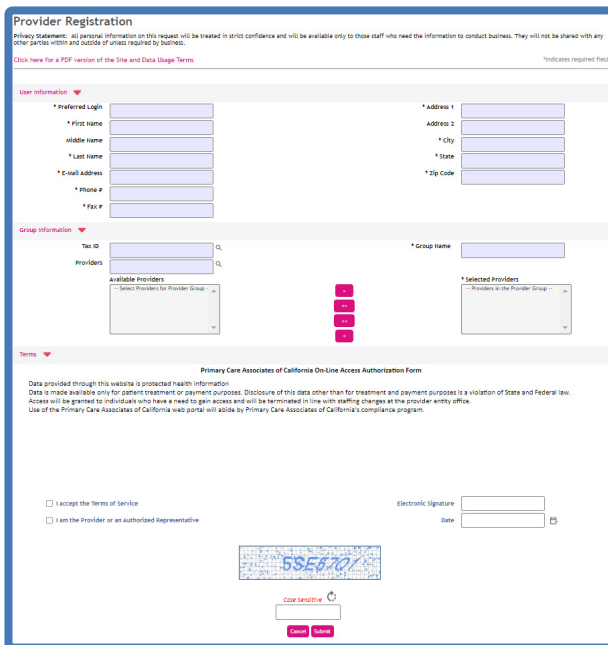
The form is titled "Unilogic Healthcare Management". It has two input fields: "User Id" and "Password". Below the "Password" field is a link for "Password Help". At the bottom, there are two buttons: "REGISTER" (highlighted with a red circle) and "LOG IN".



5. Fill out the form

Note: Enter the **Tax ID** in the **"Group Name"**

We are unable to process this request without the TAX ID #



The form is titled "Provider Registration" and includes a privacy statement. It is divided into sections: "User Information" (with fields for Preferred Login, First Name, Middle Name, Last Name, E-mail Address, Phone #, and Fax #), "Group Information" (with fields for Tax ID, Group Name, and a list of Providers), and "Terms" (with checkboxes for "I accept the Terms of Service" and "I am the Provider or an authorized representative"). At the bottom, there is an "Electronic Signature" field, a "Date" field, and a "Submit" button.



6. Click on **Submit**

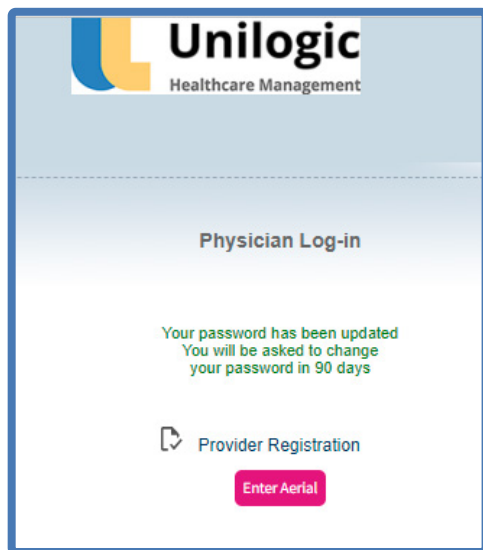
Your username and temporary password will be emailed to you within **2 business days**. Your temporary password will expire in **3 days**. If you need to reset your password, please call (657) 465-3500.

Updating Your Password

After signing up for an account, you will receive an email with your **username** and a **temporary password**.

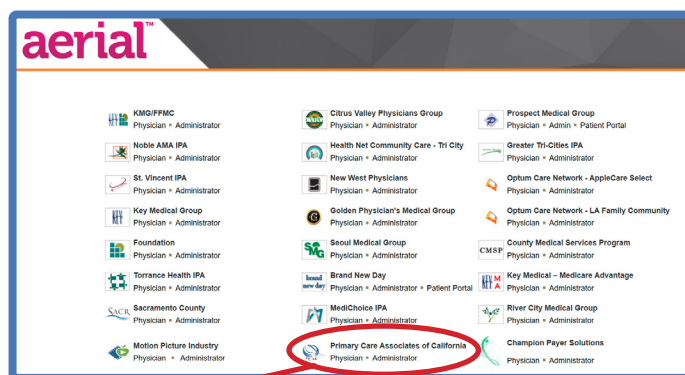
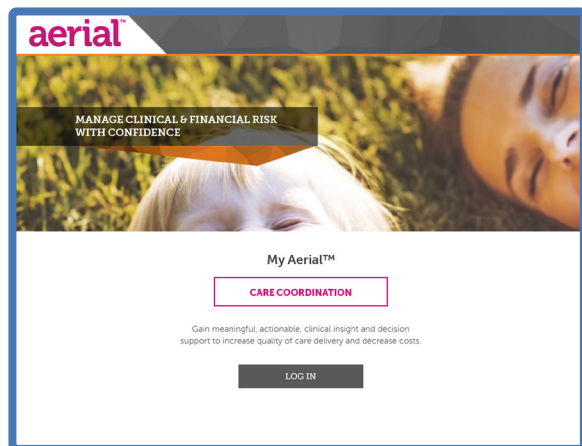
To update your password:

1. Login using your **username** and **temporary password**.
2. Upon logging in, you will be prompted to enter a new password, followed by security questions.
3. Fill out all the fields.
4. Click **“Submit”**
5. You will be taken to a confirmation page.
6. Click **“Enter Aerial”** and login using your **username** and **new password**.

A screenshot of the Unilogic Healthcare Management 'Physician Log-in' registration form. The form is titled 'Physician Log-in' and includes a green note: 'You are required to change your password at this time. Please enter password which is alphanumeric and minimum eight characters long.' The form contains several input fields: 'Enter New Password', 'Confirm New Password', 'Select Security Question' (a dropdown menu), 'Enter Security Answer', 'Enter Number for Text Messaging', 'Select Mobile Carrier' (a dropdown menu), and 'Email Address'. There are red information icons next to the security question, text messaging number, and email address fields. At the bottom, there is a blue box with the alphanumeric code '828YA6', a 'Case Sensitive' label, and a pink 'Submit' button.

Accessing Aerial Login Page

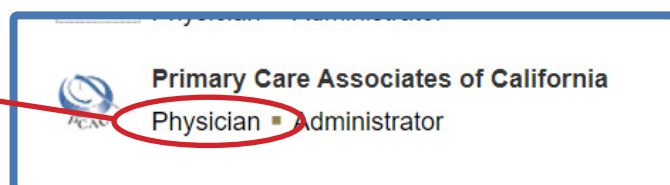
1. Go to <https://aerial.carecoordination.medecision.com/>
2. Click on “Login”



3. Go to **Primary Care Associates of California**

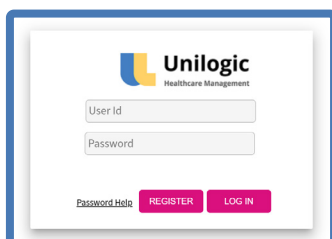
4. Click on “Physician”

- This will take you to the login page



Bookmark the Page

Bookmark the page with the login module for future reference.



NOTE: Do not bookmark after logging in. Bookmarks made after the login page will not work and give you an error.

Eligibility

- 09 Eligibility Guide**
- 10 Member Search**
- 11 Patient FaceSheet**
- 12 Member Inquiry — Submission**
- 13 Member Inquiry — Updates**
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Eligibility Verification

While you are able to access eligibility information through Aerial, this information may not always be the most current. Since eligibility verification is an essential step in the care process and should be done prior to rendering services it is our recommendation that you contact the appropriate health plan directly to obtain current eligibility information. In addition, all health plans issue an insurance card with the currently assigned PCP and IPA affiliation, which should be available and presented at each visit.

Eligibility Guarantee

Your office can access patient eligibility information online or by phone with each **health plan** at the phone numbers and websites listed below. It is important to maintain documentation with either a screen shot of the website information or, if you verify eligibility by phone, document the name of the health plan representative, time, date of your conversation, and tracking number. **If you check eligibility with the health plan on the date of service, the IPA will guarantee your payment for services.** If under any circumstance the patient's eligibility changes, the IPA will request your eligibility documentation and address any discrepancy directly with the health plan. There will be no retroactive capitation or claims deduction.

Health Plan	Eligibility Phone Numbers	Web Address
Alignment	(888) 517-2247	alignmenthealthplan.com/providers
Anthem Blue Cross	(800) 676-2583	anthem.com/provider
Astiva Health	(833) 300-0910	astivahealth.com/en-us/provider-login
Blue Shield 65 and Choice	(877) 654-6500	blueshieldca.com/provider
Central Health Plan	(866) 314-2427	centralhealthplan.com/cpa/
Clever Care Health Plan	(833) 388-8168	eznet.clevercarehealthplan.com/EZ-NET60/Login.aspx
Health Net	(888) 926-4988	provider.healthnetcalifornia.com
Humana	(800) 448-6262	humana.com/provider/medical-resources/self-service-portal
Imperial Health Plan	(800) 830-3901	https://providerportal.imperialhealthplan.com/login
SCAN Health Plan	(800) 559-3500	secure-pportal.scanhealthplan.com
UCLA Health	(833) 627-8252	uclahealthmedicareadvantage.org/healthlink-medicare-provider-portal
Wellcare	(866) 999-3945	provider.wellcare.com/California

Authorizations and Eligibility

As a reminder, authorizations are valid for a sixty (60) day time frame only and are **CONTINGENT UPON CURRENT ELIGIBILITY**. It is the responsibility of the rendering **Provider's office** to verify the eligibility at the time of service and ensure that the authorization is still valid. As a way to ensure coverage for the authorized services, please implement steps to verify and confirm eligibility on the day of the scheduled appointment.

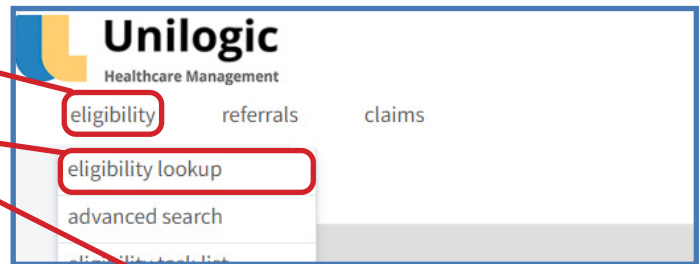
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Member Search

The Eligibility Lookup allows you to search for patients, view patient details and eligibility. You can search by name or Member ID. To search by name, you must enter a (partial or full) First Name, Last Name and a complete Date of Birth. You can also search by only using a Member ID.

1. Go to **eligibility** on the menu bar
2. Select **eligibility lookup**
3. Search by using their name, date of birth and/or Member ID
4. Click on  to view the patient's FaceSheet

Note: Eligible patients will have with a **green** icon (). Ineligible patients will have a **red** one ().



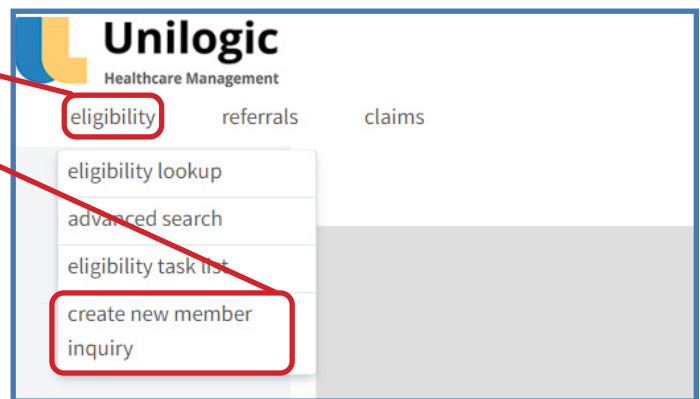
Member Inquiry - Submission

When searching for a patient in Aerial, it's possible that the patient may not be listed. In such cases, users are encouraged to submit a member inquiry form to initiate the process of adding the patient to Aerial. These member inquiries will be directed to the Eligibility department, where the patient's status will be verified and updated accordingly.

This feature should only be used when a member is not in the system and needs to see a specialist. Membership is loaded between the 10th and 15th of the month.

**Do not submit an inquiry for a patient already in Aerial. Refer to the Referrals tab to continue with your authorization request.*

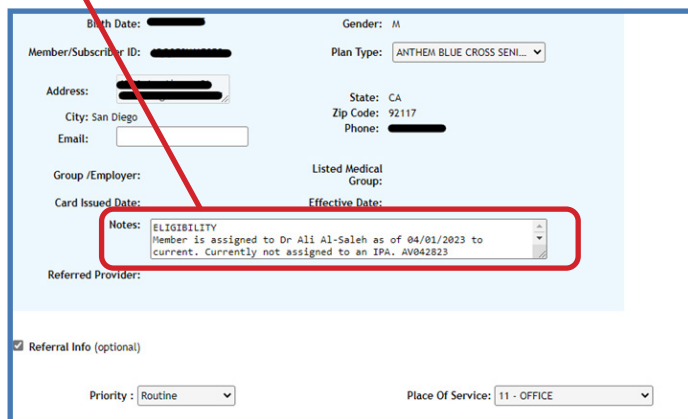
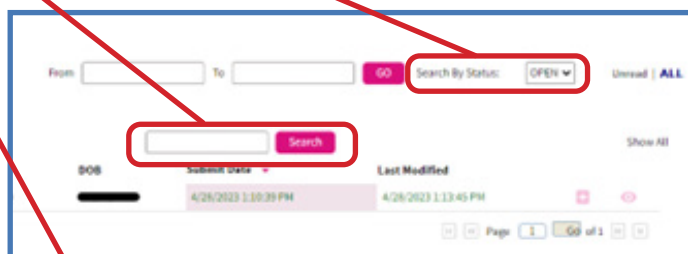
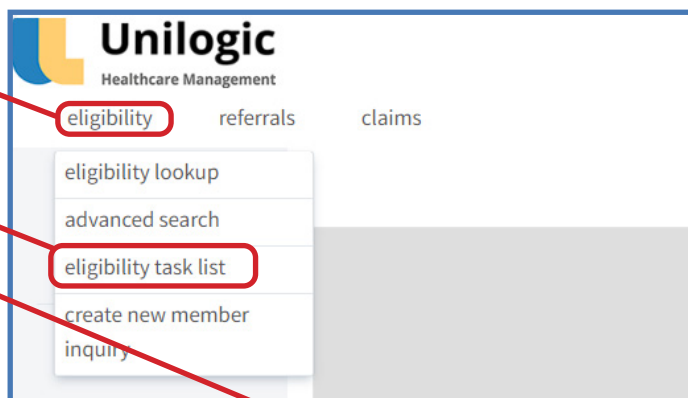
1. Go to **eligibility** on the menu bar
2. Select **create new member inquiry**
3. Fill out the form. Required fields are marked with **red font**
4. Fill in the requesting provider's information in the top portion of the form.
5. Click on **Submit Request**

A screenshot of the 'Member Inquiry Form'. The 'Clinical Symptoms/Findings' section has a text area with a red label and a red border. The 'Treatment Plan' section has a text area with a red label and a red border. At the bottom, there is a checkbox for 'Patient Communication Info (optional)' and two buttons: 'Submit Request' and 'Cancel'. Red lines connect the 'Submit Request' button to step 5 in the list on the left.A screenshot of the 'Member Inquiry Form' showing the 'Member Information' section. It includes fields for 'Contact Name', 'Contact Number', and 'Provider Office' at the top. Below, the 'Member Information' section has fields for 'Member First Name', 'Member Last Name', 'Birth Date', 'Gender', 'Member/Subscriber ID', 'Health Plan', 'Address', 'State', 'City', 'Zip Code', and 'Phone'. Red boxes highlight the 'Contact Name', 'Contact Number', and 'Provider Office' fields. Red lines connect these fields to step 4 in the list on the left.

Member Inquiry — Updates

After submitting an inquiry for a member, check back in periodically to see if the member's information has been updated.

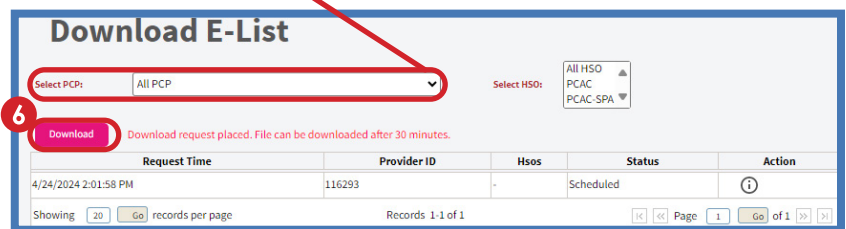
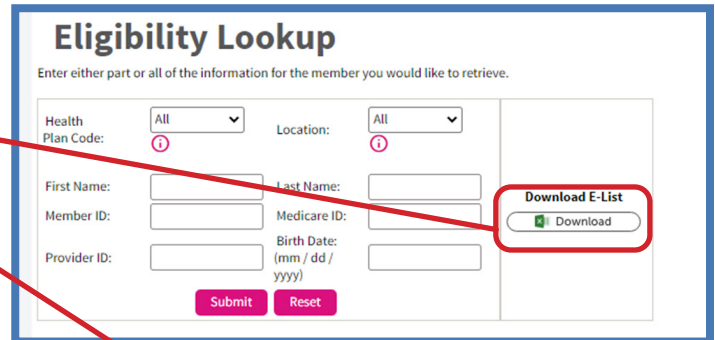
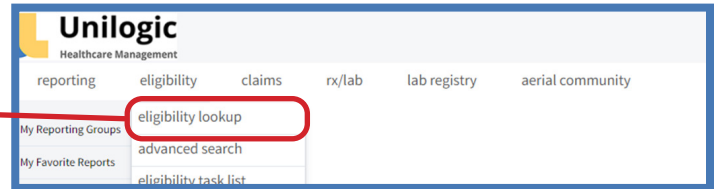
1. Go to **eligibility** on the menu bar
2. Select **eligibility task list**
3. Set **Search By Status** to **All**
4. Search by Name, Date and ID #
5. Eligibility update will be under **Notes**



Membership Request

To access your membership list follow these instructions.

1. Go to the **eligibility** tab
2. Select **eligibility lookup**
3. Search by using their name, date of birth and/or Member ID
4. Click on **Download E-List**
5. Select a PCP from the drop down
- 6 Click on **Download**
 - Membership report will be sent **via email** to the email associated with your user ID.
 - Usually sent within 30 mins
7. Once received, open the email and click on **Download E-List**



The E-list you requested on Aerial Care Coordination is now available for download.
Please click on the below link to access the list.

[Download E-list](#)

This email was automatically generated by the Aerial system. Please DO NOT reply to this email.

If your messaging client supports TLS for secure connections, then this message was sent securely via TLS from any attached files may contain material that is proprietary, privileged, confidential, or otherwise legally exempt for the use of the individual or entity to which it is addressed. If you are not the intended recipient or the person intended recipient, you are prohibited from retaining, using, disseminating, forwarding, printing or copying this communication in error, please immediately notify the sender via return e-mail or telephone. This email has been scanned for viruses. If you believe this email contains a virus, please contact disclaimer@medecision.com.

Referrals

16 About Referrals

17 Referral Submission

18 Referral Submission — Physician Not Found

19 Referral Submission — Facility Not Found

20 Referral Submission — Pharmacy (Routine/Urgent)

21 Referral Status

22 Referral Details

23 Referral Form

About Referrals

Medical Records are Required

When submitting a referral, it is important that all necessary medical documentation is included with the referral request to ensure the request processed efficiently and accurately.

Providing as much information as possible helps prevent delays and ensures your patient receives prompt and appropriate care.

If the patient's medical records are not received, the Medical Director may have to review your request without them, which can lead to a denial of your request. It is important to ensure all the necessary records are received to avoid denials.

Additionally, even if you do eventually provide the records, a new request may not be accepted, and your physician will need to file an appeal with the health plan for reconsideration. Please be aware of these potential roadblocks and take any necessary steps to ensure your request is processed as smoothly as possible.

Urgent vs Standard/Routine Referrals

When submitting time sensitive (urgent) referral requests, you are attesting that your request meets the definition criteria of time sensitive. If the request is submitted as urgent and it is determined not to be urgent, then the request will be modified to routine and a letter will be sent to the member informing them of the downgrade. We will make every effort to process the request as soon as possible.

Type of Request	Decision
Standard/Routine	Within 14 Calendar Days after receipt
Urgent	Within 72 Hours after receipt (includes weekends & holidays)

What is Time Sensitive?

The Centers for Medicare and Medicaid Services (CMS) definition of **time sensitive** as a situation where the time frame of the standard decision-making process could seriously jeopardize the life or health of the enrollee, or could jeopardize the enrollee's ability to regain maximum function.

Urgent vs Standard/Routine Referrals — Pharm B Referrals

When requesting injectables and/or infused medication, please select the applicable priority in order to process the request in a timely manner.

Type of Request	Decision
Standard/Routine Pharm B	Within 72 Hours after receipt (includes weekends & holidays)
Urgent Pharm B	Within 24 Hours after receipt (includes weekends & holidays)

Faxing Referral Requests

In the event in which you are not able to submit an online referral, please fill out and fax the referral form on [page 22](#) to **(657) 413-4110**.

Referral Submission

Follow these simple steps to submit a referral

1. Go to the referral tab
2. Select submit online referrals
3. Search for your patient
4. On the right hand side, click **Refer »**
5. Click the drop down in **Select the Referred Specialty** and select the Specialty that applies to the referral.
 - You may filter by city by clicking the drop-down.
6. Fill out the Referral details.
 - Any fields highlighted in red are required.
 - Select the **priority***
 - Fill out the Clinical Symptoms/Findings and Treatment Plan
 - Upload any attachments to the referral.
7. Click **Submit Referral**

Referral Submission

Member Information

Name: MEMBER CANT FIND, MCF Birth Date: 01/01/1997 Member ID: 1
 Address: 12345 UNILOGIC ST Age: 27 yr(s) Health Plan: DUMM
 CYPRESS, CA 90630 Gender: Male PCP: PROVIDER
 Phone: (123) 456 - 7890 PCP Phone:

Referring Provider Information

Search by first or last name, or by ID: Find It
 Name: DOE, JOHN Provider ID: 000000
 Address: ABC BLVD STE 100
 LOS ANGELES, CA 90001
 Phone: (888) 888 - 8888
 Fax: (888) 888 - 8888

Referred Provider Information

In order to avoid delays in processing your request, only select preferred providers with an *

Select the Referred Specialty: ACP - ACUPUNCTURIST Select by Provider Name

Filter by City: Any City

Select the Referred Provider:

ALEX, NIRMAL (ACUPUNCTURIST) - 600 Marlow St - LOS ANGELES - CA 94505 - GOOD SHEPHERD MEDICAL CARE
 DAVID, MULLER (ACUPUNCTURIST) - 6210 Miller Rd - SAN JOSE - CA 15505 - GRA MEDICAL GROUP
 SAMUEL, ANAND (ACUPUNCTURIST) - 1407 New Test Address7 - SANTA MONICA - CA 34505 - GOOD SAMARITAN MEDICAL
 SAMUEL, ANAND (ACUPUNCTURIST) - 1408 New Test Address8 - WASHINGTON - NJ 94505

Priority: Routine **Place of Service:** 11 - OFFICE

Services **Modifier** **Service Units**

Search No modifier Add Next

ICD Code

Search Add Next

Clinical Symptoms/Findings:
 Please make references to patient height, weight, history, labs and pertinent work up to date.

Treatment Plan:
 Preferred Provider Comments.

Upload Attachments:

File Name	Size	File Type	Description
Upload			

*When submitting time sensitive (urgent) referral requests, you are attesting that your request meets the definition criteria of time sensitive. If the request is submitted as urgent and it is determined not to be urgent, then the request will be modified to routine and a letter will be sent to the member informing them of the downgrade. We will make every effort to process the request as soon as possible.

Referral Submission — Physician Not Found

During the referral submission process, if you are unable to locate your Physician or a Physician, Specialty or Service in the Referred Provider section, for example:

- Durable Medical Equipment
- Home Health Agencies
- Pharmacy

Follow these simple steps to enter a referral:

Unable to locate a Physician or service?

1. Click the drop down in **Select the Referral Specialty** and select **NA-Not Available**
2. Enter the **referring provider/service** in the **Treatment Plan Comments** Section at the bottom of the page

Unilogic
Healthcare Management

reporting eligibility cases referrals claims rx/lab admin lab registry aerial community

WELCOME, [Name] **aerial**

Referral Submission

Member Information

Name: Birth Date: Member ID:
Address: Age: Health Plan:
Phone: Gender: PCP: PCP Phone:

Referring Provider Information

Search by first or last name, or by ID: Find It

Referred Provider Information

Select the Referred Specialty: NA - NOT AVAILABLE Select by Provider Name

Select the Referred Provider:

Name: PROVIDER NOT FOUND, Provider ID: 900001
Address:
Phone:
Fax:

Referral Details

Request Date: 06/08/2022 2PM : 46 Defaulted to Current Date unless specified otherwise
Service Date: 12AM : 00
Admit Date: 06/08/2022
Discharge Date:
Request Type: -- Please Select a request --
Priority: Routine Place of Service: 24 - AMBULATORY SUR...

Services

Modifier Service Units From To Level of care
No modifier 06/08/2022 12AM : 00 12AM : 00 -- Select Care Level -- Add Next

ICD Code

Facility

Search by name, or by ID: facility not found Find It

Name: FACILITY NOT FOUND, Facility ID: 900002
Address:
Phone:
Fax:

Clinical Symptoms/Findings

Please make references to patient height, weight, history, labs and pertinent work up to date.

Treatment Plan

Preferred Provider Comments.

Upload Attachments

File Name	Size	File Type	Description	Delete
Upload				

Submit Referral Cancel

Referral Submission — Facility Not Found

During the referral submission process, if you are unable to locate a Facility in the Facility section, for example:

- Hospitals
- Ambulatory Surgery Centers

Follow these simple steps to enter a referral:

Unable to locate a Facility?

1. Enter “**facility not found**”
2. Click “**Find it**”
3. Enter the **facility** in the **Treatment Plan** Comments Section at the bottom of the page

Unilogic
Healthcare Management

reporting eligibility cases referrals claims rx/lab admin lab registry aerial community

WELCOME, [User Name] **aerial**

Login Management **Referral Submission**

My Reporting Groups
My Favorite Reports
Submit Online Referrals
Approve Web Referrals
Referral Submission Status
Download Batch Claim Files
Version: 2022.1.4

Member Information
Name: Birth Date: Member ID:
Address: Age: Health Plan:
Phone: Gender: PCP: PCP Phone:

Referring Provider Information
Search by first or last name, or by ID: [Input Field] Find It

Referred Provider Information
Select the Referred Specialty: NA - NOT AVAILABLE [Select by Provider Name]
Select the Referred Provider:
Name: PROVIDER NOT FOUND, Provider ID: 900001
Address:
Phone:
Fax:

Referral Details
Requested Date: 06/08/2022 2PM :46 Defaulted to Current Date unless specified otherwise
Service Date: [Input Field] 12AM :00
Admit Date: 06/08/2022
Discharge Date: [Input Field]
Request Type: -- Please Select a request...
Priority: Routine Place of Service: 24 - AMBULATORY SUR...
Services: [Input Field] No modifier [Input Field] 06/08/2022 12AM :00 12AM :00 -- Select Care Level --- Add Next
ICD Code: [Input Field] Add Next
Facility
Search by name, or by ID: facility not found Find It
Name: FACILITY NOT FOUND, Facility ID: 900002
Address:
Phone:
Fax:
Clinical Symptoms/Findings:
Please make references to patient height, weight, history, labs and pertinent work up to date.
Treatment Plan:
Preferred Provider Comments.
Upload Attachments:
File Name Size File Type Description Delete
Upload
Submit Referral Cancel

Referral Submission — Pharmacy (Routine/Urgent)

For pharmacy referrals, the timeline for **routine authorizations is 72 hours** while **urgent authorizations is 24 hours**.

- Please select the applicable priority in order to process the request in a timely manner.

Follow these simple steps to enter a referral:

Routine Pharmacy Authorization

1. Click the drop down in **Priority*** section
2. Select **Routine pharm b**

Urgent Pharmacy Authorization

1. Click the drop down in **Priority*** section
2. Select **Urgent pharm b**

Priority:

Referral Submission

Member Information

Name: Birth Date: Member ID:
Address: Age: Health Plan:
Phone: Gender: PCP:
PCP Phone:

Referring Provider Information

Search by first or last name, or by ID:

Referred Provider Information

Select the Referred Specialty: ☐ Select by Provider Name

Referral Details

Requested Date: Defaulted to Current Date unless specified otherwise
Service Date:
Request Type:
Priority: Place of Service:
Services **Modifier** **Service Units**

ICD Code

Clinical Symptoms/Findings:
Please make references to patient height, weight, history, labs and pertinent work up to date.

Treatment Plan:
Preferred Provider Comments.

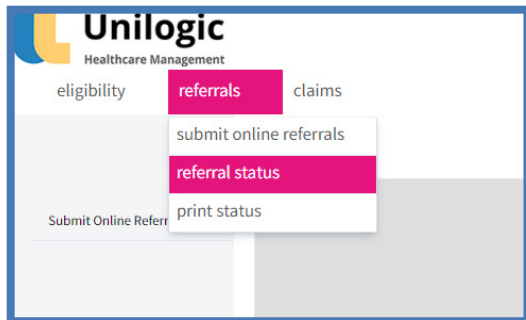
Upload Attachments:

File Name	Size	File Type	Description	Delete
Upload				

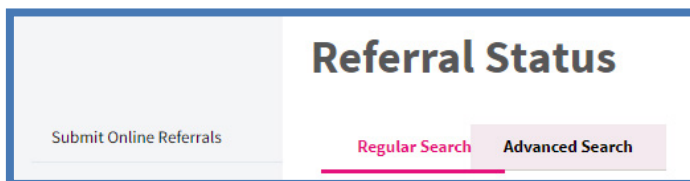
Referral Status

To check on the status of a referral, follow these instructions

1. Go to the **referrals** tab
2. Select **referral status**



3. Click on **Advanced Search**



4. You can search for a referral using any of the following criteria
 - A. Referral Number
 - B. Member ID
 - C. Patient Name

A screenshot of the 'Referral Status' page with the 'Advanced Search' tab selected. The search criteria fields are: Referral Code (with a star icon), Status (dropdown menu), Member ID (with a red circle 'B' around it), Plan (dropdown menu), Location (dropdown menu), Patient Name (with a red circle 'C' around it), Referring Provider, Referred Provider, Date Referred (dropdown menu), Due Date (dropdown menu), and Priority (dropdown menu). A 'Search' button is at the bottom right. A red line points from the 'Search' button in the instruction list to this button. Below the fields, there is a table with columns: Referral Code, Status, Member ID, Plan, Location, Patient Name, Referring Provider, Referred Provider, Date Referred, Due Date, Priority. The first row shows: REQUESTED, 1, DUMM, PCAC, MCF MEMBER CANT FIND, PROVIDER NOT FOUND, BROOKLYN, 01/11/2024, 01/25/2024, ROUTINE. There is a 'Print Queue' button and 'Unread | Retired | ALL' links in the top right.

5. Click Search
6. Once you find the referral, click on  to view referral details

Referral Details

On the referral details page you can:

- A** View Status
- B** Print the referral
- C** Submit Modifications

Referral Request

A Request ID: 20240111700013300026
Referral Status: REQUESTED
Date Requested: 1/11/2024 11:24:28 AM

Clone Referral

B Print Referral 

Attachments | Add  | View  0

Due Date: 01/25/2024  12 AM  : 00 

Referral for MCF MEMBER CANT FIND

Patient Name: MCF MEMBER CANT FIND  

Location: PRIMARY CARE ASSOCIATES OF CA

Health Plan: DUMMY HEALTH PLAN

Address: 12345 UNIOLOGIC ST

Phone: (123) 456-7890

Other Coverage Name :

PCP Effective Date : 01/01/1997

Copay :

Member ID#: 1

Gender: Male

PCP: PROVIDER NOT FOUND

City: CYPRESS

Effective Date: 01/01/1997

Other Coverage Priority (P=Primary, S=Secondary,U=Unknown) :

Employer :

DOB: 01/01/1997

Age: 27 yr(s)

Hospital:

Zip: 90630

Term Date:

Referring Physician: PROVIDER NOT FOUND

Phone:

PPG:

Fax:

Specialty: NOT AVAILABLE

Address: N/A

Phone: (N/A) -N/A

Referred to Provider/Facility: PROVIDER NOT FOUND

Group Name:N/A

City: N/A

Fax: (N/A) -N/A

Zip: N/A

Priority: ROUTINE

Place Of Service: OFFICE

Service Type: N/A

Services	Modifier	Service Units
99204 - OFFICE/OUTPATIENT VISIT NEW		1

ICD Codes

R41.2 - RETROGRADE AMNESIA

C

Referral Comments Length: 0 characters

Comments:

Save Comments

Today's Date: _____

Referral Request Form

Urgent Routine Retroactive Approved Auth: _____

Patient Information					
First & Last Name		Date of Birth		Sex (Check One) Male Female	
Health Plan		Health Plan ID #			
Home Phone #					
Patient Address		City		State Zip Code	
Physician Information					
Primary Care Physician Name				PCP Phone #	
Requesting Physician Name				Requesting Physician Phone #	
Requesting Physician or Facility Name			Phone #		Fax #
Referral					
Reason for Referral (Check one)	Consult	Follow Up	Procedure	Supply/DME	Testing
Place of Service (Check one)	Doctor's Office		Home Health	Inpatient Hospital	
	Outpatient Hospital		Surgery Center		
	Other: _____				
Primary Diagnosis/ICD-10 Codes			Requested CPT/RBRVS/HCPC Codes		
Please Attach Chart Notes					
Including test results, x-ray, lab results, consultation reports & all relevant clinical information will speed up the review process.					
NOTE: Referral must be to a contracted specialist. Initial consult is a 99203					

Date of Last Visit to PCP: _____ Date of Last Visit to Specialist: _____

PCP Signature: _____ Specialist Signature: _____

Managed by

Claims

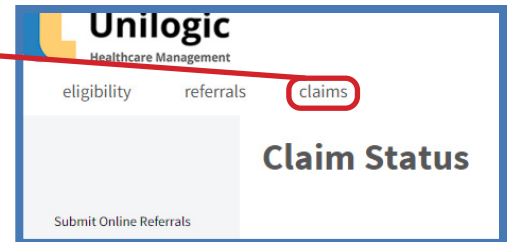
-  **25 Claim Search**
-  **26 Claim Details**

Claim Search

To check on the status of a claim, follow these instructions

1. Go to the claims tab
2. You can search for a claim using any of the following criteria:

- A.** Claim Number
- B.** Member ID
- C.** Status
- D.** Patient Name
- E.** Date of Service
- F.** Billed Amount



You will only be able to view results which you have permissions for

A Claim Number	B Member ID	Plan	Location	C Status	D Patient Name	PCP Name	E Date of Service	F Billed Amt	Net Amount	Billing Provider Name	Check Number	
80808080808080808080	1	DUMM	PCAC	P	MCF MEMBER CANT FIND	PROVIDER NOT FOUND	01/02/2023	\$380.00	N/A	ABC LABORATORIES	119793	

3. Click Search
4. Once you find the claim, click on  to view claim details

Claim Details

On a claim's details page you can:

- A** View Date Received and Paid
- B** View Status
- C** Check Number
- D** Print EOB

Claim Detail

Claim Number **B** 2345123451234512345
Status: PAID **C**
Check Number: 119793 **C**

Date of Service: 1/2/2023 **A**
Date Received: 2/21/2023 **A**
Date Paid: 3/21/2023 **A**

Patient Name: MCF MEMBER CANT FIND 
Medicare ID:
Address: 12345 UNIOLOGIC ST
City: CYPRESS

Member Code: 1
Telephone: 1234567890
State: CA **Zip Code:** 90630

Billing Provider: ABC LABORATORIES
Address: 2730 N MAIN STREET
City: LOS ANGELES

Billing Provider ID: 320124
State: CA **Zip Code:** 900313321

CPT®/ HCPCS Code	Description	Modifiers	Qty	Start Date	End Date	Amount Billed	Amount Net
		1 2 3 4					
80061	LIPID PANEL		1	01/02/2023	01/02/2023	\$50.00	N/A
80074	ACUTE HEPATITIS PANEL		1	01/02/2023	01/02/2023	\$200.00	N/A
81003	URINALYSIS AUTO W/O SCOPE		1	01/02/2023	01/02/2023	\$15.00	N/A
83036	GLYCOSYLATED HEMOGLOBIN TEST		1	01/02/2023	01/02/2023	\$50.00	N/A
87491	CHYLM D TRACH DNA AMP PROBE		1	01/02/2023	01/02/2023	\$50.00	N/A
99000	SPECIMEN HANDLING OFFICE-LAB		1	01/02/2023	01/02/2023	\$15.00	N/A
Total:						\$380.00	\$0.00

ICD Code	Description
E11.3599	TP2 DM PROLIF DR W/O MAC EDM UNSPEC
I12.9	HYPRTN CHR KIDNY DZ W STG 1-4/UNSP
Z00.00	ENCNTER GEN ADULT MED EXAM W/O ABNR

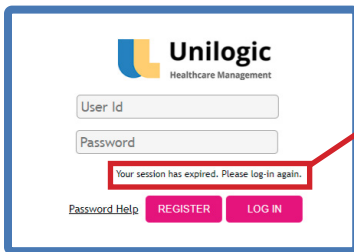
View Explanation of Benefits (EOB) **D** >>

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Troubleshooting

■ 27 Clearing the Browser Cache

Clearing the Browser Cache

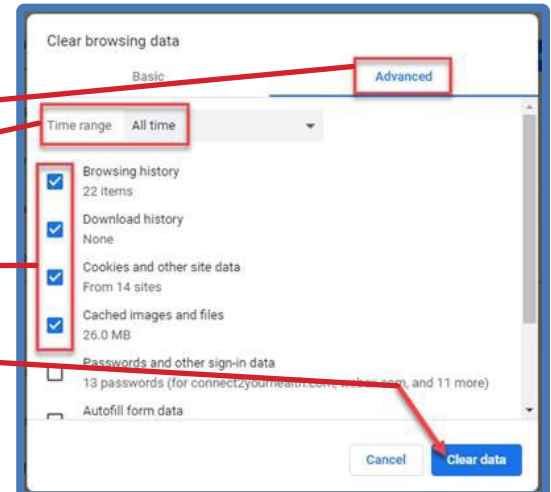


Getting this message? You need to clear your web browser's cache to get rid of this error and be able to log back in.

Follow your browser's steps below to clear your cache.

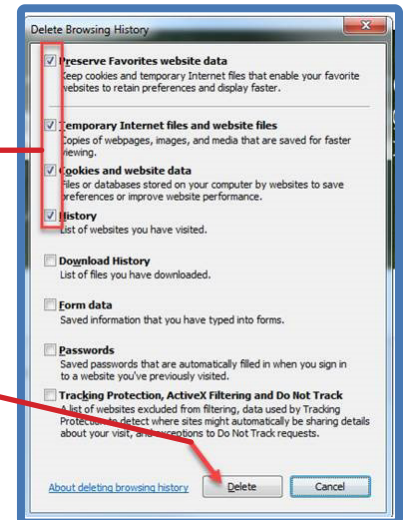
Google Chrome

1. While Google Chrome is open, press **Ctrl+Shift+Delete**
2. Select the **"Advanced"** tab
3. For **"Time range"** select **"All time"**
4. Select the **first four boxes**
5. Click **Clear Data**
6. Restart Google Chrome



Internet Explorer

1. While Internet Explorer is open, press **Ctrl+Shift+Delete**
2. Select the **first four boxes**
3. Click **Delete**
4. Restart Internet Explorer



Microsoft Edge

1. While Microsoft Edge is open, press **Ctrl+Shift+Delete**
2. For **"Time range"** select **"All time"**
3. Select the **first four boxes**
4. Click **Clear now**
5. Restart Microsoft Edge

