

# PATIENT INQUIRY FUNCTIONALITY

This section of the Provider Portal allows you to retrieve member information using a member's unique ID number and birthdate or name and birthdate. **Please note the back arrow in your web browser will not work in this application.** To move back in the application, you must use the links at the top of the page (called a "bread crumb").

## Patient Inquiry contains:

### Subscriber/Dependent information

- Accumulation Limits/Coinsurance/Copay/Deductible
- Benefits
- Eligibility (Effective /Term periods)
- Insurance Entity Name
- Member Address
- Member's Network
- Other Insurance Information
- Primary Care Provider (if applicable)

## Questions and Answers

### How to view a member's benefits

1. Select **Patient Inquiry** from the top menu bar and then click on the **Patient Inquiry** button
2. Enter Member ID Number in the **Patient ID** field and provide the birthdate, then click **Search**
3. Click on the **Member Name**
4. Click on the **Plan Name** listed under the **Subscriber and Policy Details** heading

Note: To view benefit information, click **View Plan Description**

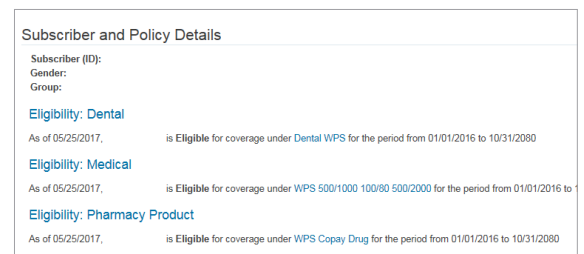
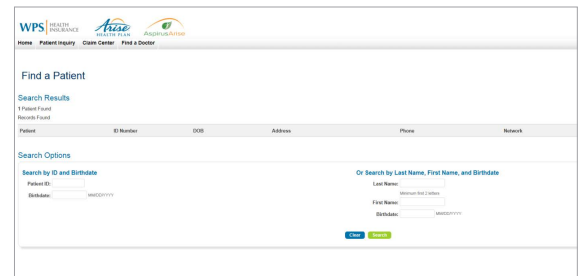
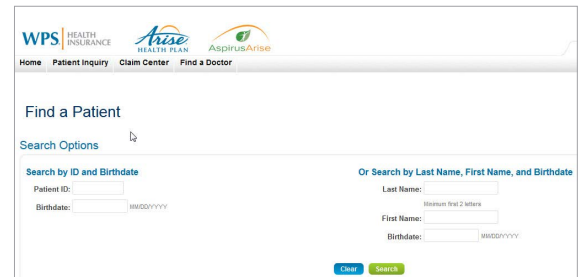
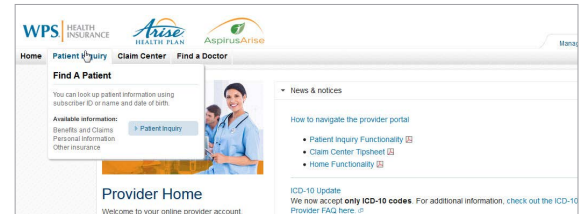
### How to find the member eligibility

1. Select **Patient Inquiry** from the top menu bar and then click on the **Patient Inquiry** button
2. Enter Member ID Number in the **Patient ID** field and provide the birthdate, then click **Search**
3. Click on the **Member Name**
4. View **Eligibility** period listed under the **Subscriber and Policy Details** heading

### How to find member benefits description

(deductibles, copays, coinsurance percentages, out-of-pocket maximums, etc.)

1. Select **Patient Inquiry** from the top menu bar and then click on the **Patient Inquiry** button
2. Enter Member ID Number in the **Patient ID** field and provide the birthdate, then click **Search**
3. Click on the **Member Name**
4. Click **Plan Name** listed under the **Subscriber and Policy Details** heading



Copay and Coinsurance				
	Co-Pay	Deductible	Coinsurance	Limit
Emergency Room	\$200.00	\$0.00	90.00 %	\$0.00
Office Visit - PCP In Network	\$30.00	\$0.00	90.00 %	\$0.00
Office Visit - Specialist In Network	\$60.00	\$0.00	90.00 %	\$0.00
Laboratory/Examinations - Self-pay	\$10.00	\$0.00	100.00 %	\$0.00
Office Visit - Concurrence Care Clinic In Network	\$10.00	\$0.00	100.00 %	\$0.00
Walk-In Clinic	\$10.00	\$0.00	100.00 %	\$0.00
Deductible, Coinsurance - Out of Pocket Single In Network	\$0.00	\$1,000.00	90.00 %	\$2,000.00
Deductible, Coinsurance - Out of Pocket Single Out of Network	\$0.00	\$1,000.00	70.00 %	\$4,000.00
Deductible, Coinsurance - Out of Pocket Family In Network	\$0.00	\$2,000.00	90.00 %	\$4,000.00
Deductible, Coinsurance - Out of Pocket Family Out of Network	\$0.00	\$2,000.00	70.00 %	\$8,000.00

Deductible Accumulators			
Period Description	Individual	Family	
Annual Deductible In Network	Calendar Year	\$1,000.00 maximum \$0.00 total met	\$2,000.00 maximum \$0.00 total met
Annual Deductible Out of Network	Calendar Year	\$1,000.00 maximum \$0.00 total met	\$2,000.00 maximum \$0.00 total met

Limits			
Level Description	Limit / Amount	Individual Limit Accumulated	Family Limit Accumulated
Home Healthcare Benefit Maximum	Member	100	0
PHYSICIAN/PT Benefit Maximum	Member	40	0
TRM Lifetime Maximum	Member	\$2,000.00	\$0.00

