

# SMART DATA STREAM GUIDE: PROVIDER PORTAL

[PORTAL.SMARTDATASTREAM.US](https://portal.smartdatastream.us)

SDS Provider Support

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# USERS

**Users:** The person who’s contact information was entered into the register form is automatically designated as an account administrator. They are then responsible for adding additional users and granting others admin access as necessary.

## ADDING ADDITIONAL USERS

**Adding Additional Users:** The admin creating the new user will be responsible for creating the user ID for the new user and providing them the login information.

New users can be added from the Account Management tab then using the +Add New User button on the top right of the Users page. To create a new user the admin will need:

- First Name
- Last Name
- Email
- Phone

*\*The system does NOT send an email to them with their login information after a user has been created.*

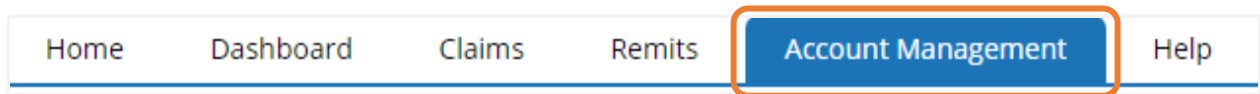
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### ADDING NEW USERS

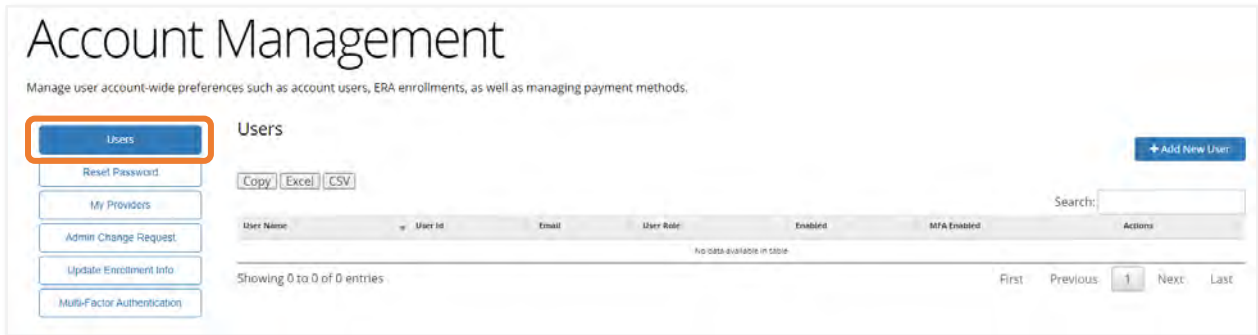
To add new users, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>User</i>
3.	Click <i>+Add New User</i> button
4.	Complete required fields
5.	Click <i>Submit</i>

Navigate and click on the *Account Management* tab.



Click **User** location on the left-hand side.



Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

**Users**

Reset Password  
My Providers  
Admin Change Request  
Update Enrollment Info  
Multi-Factor Authentication

Copy Excel CSV

Search:

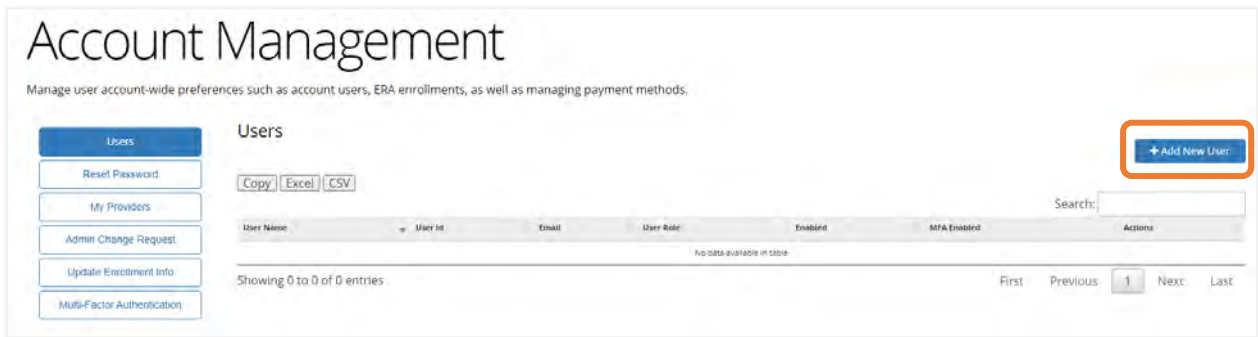
User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
No data available in table						

Showing 0 to 0 of 0 entries

First Previous 1 Next Last

+ Add New User

Click **+Add New User** button on the right-hand side of the screen.



Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

**Users**

Reset Password  
My Providers  
Admin Change Request  
Update Enrollment Info  
Multi-Factor Authentication

Copy Excel CSV

Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
No data available in table						

Showing 0 to 0 of 0 entries

First Previous 1 Next Last

+ Add New User

Complete all necessary fields including \* asterisked fields. All Usernames will begin with a channel ID. It is necessary to add additional username information after the channel ID that will be specific for the new user being created.

### Add New User ✕

Clearinghouse Admin users may use this page to create new Smart Data Stream portal users. A temporary password will be emailed to them immediately upon submission and will last 24 hours. You will need to tell the user the username that you created for them.

#### User Information

First Name

Last Name

Username\*

Phone Number

Email Address

Role

#### Account Security Reminders

- ✓ **Accounts with administrative privileges MUST NOT be created for a third party such as a vendor.**
- ✓ Accounts should be assigned to individuals. No general or shared accounts
- ✓ Always validate the identity of the individual for whom you are creating an account or assigning privileges
- ✓ Enter the user's individual e-mail address, not the address of an administrator or manager, and not a shared e-mail box or mailing list
- ✓ Users should be assigned the least access privileges necessary
- ✓ Review active user accounts regularly, and disable or remove any that are no longer needed

\*All usernames will start with your channel ID.

# EDITING USERS

**Editing Users:** This page allows you to view, edit, remove and add restrictions for the existing user. Clicking on Add Restrictions button will add a new form to enter required permission information. Similarly, clicking on the pencil button allows editing existing permissions, and the cross button allows removing existing permissions.

<p><u>User Roles:</u></p> <ul style="list-style-type: none"> <li>Clearinghouse Admin can: Add/Edit Users, Remove Users, and Adjust User Permissions</li> <li>Clearinghouse User: Can perform function on the site as designated by their account admin except viewing <i>other users</i>.</li> </ul>	<p><u>Permissions:</u></p> <ul style="list-style-type: none"> <li>Allow users to edit the ERA Enrollments and upload files.</li> <li>Can be restricted based on transaction type, TIN, and NPI.</li> </ul>
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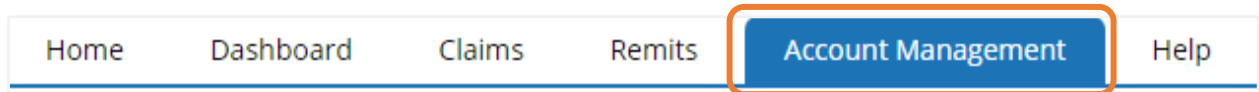
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## EDITING USER ROLES AND PERMISSIONS

To edit user roles and permissions, complete the following steps:

Step	Task
1.	Navigate and click on the <b>Account Management</b> tab
2.	Click <b>User</b>
3.	Click <b>Edit User</b>
4.	Update required fields
5.	Click <b>Save User</b>

Navigate and click on the **Account Management** tab.



Click **User** located on the left-hand side.



Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

**Users** (highlighted)

Buttons: Reset Password, My Providers, Admin Change Request, Update Enrollment Info, Multi-Factor Authentication

Buttons: Copy, Excel, CSV

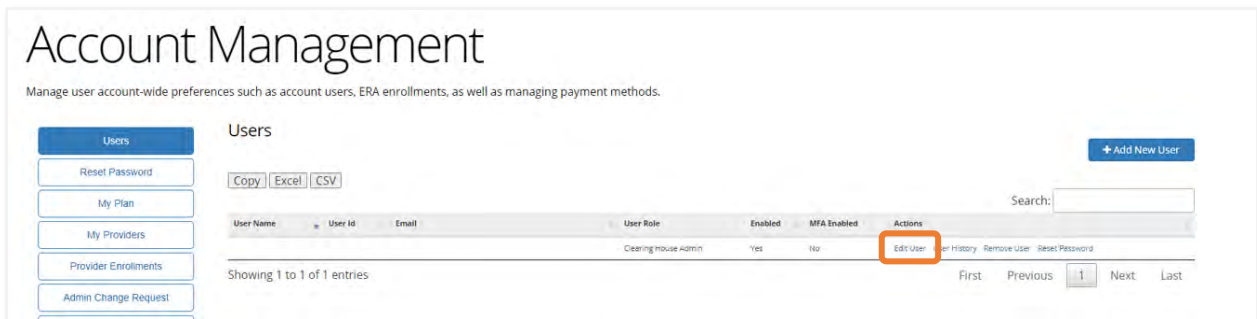
Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
No data available in table.						

Showing 0 to 0 of 0 entries

First Previous 1 Next Last

Click **Edit User** for the user needing updated, located beneath Actions.



Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

**Users**

Buttons: Reset Password, My Plan, My Providers, Provider Enrollments, Admin Change Request

Buttons: Copy, Excel, CSV

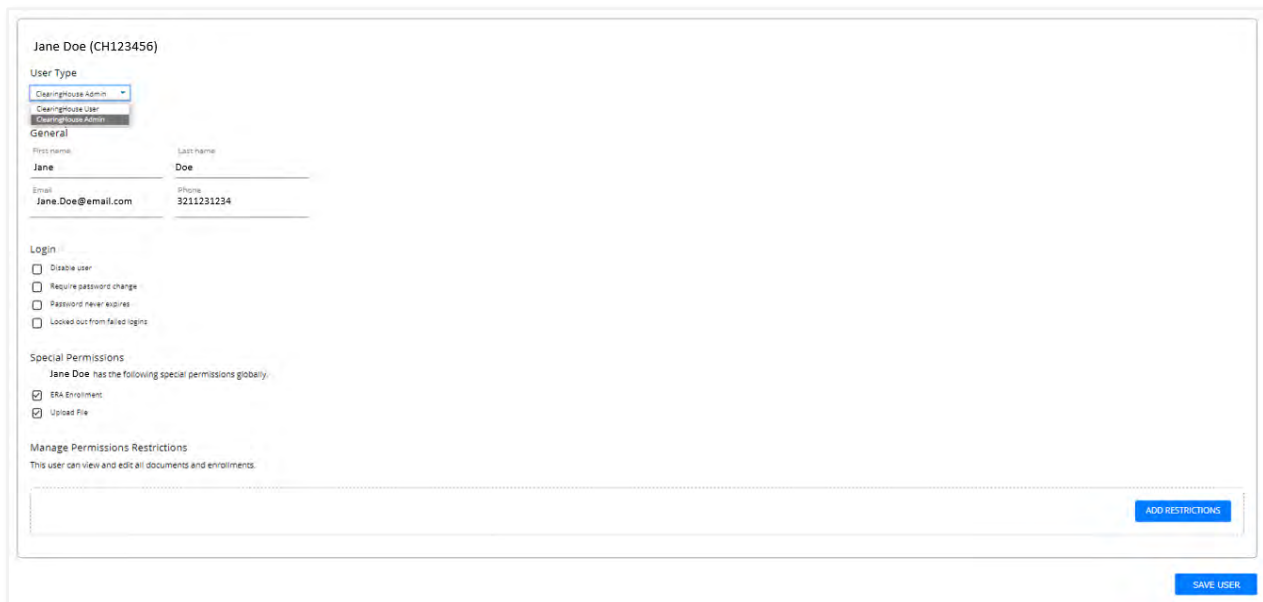
Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
			Clearinghouse Admin	Yes	No	<a href="#">Edit User</a> (highlighted) <a href="#">User History</a> <a href="#">Remove User</a> <a href="#">Reset Password</a>

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

The edit User screen appears. Verify the correct user is listed before making any changes.



Jane Doe (CH123456)

User Type:

General

First name: Jane, Last name: Doe

Email: Jane.Doe@email.com, Phone: 3211231234

Login

Disable user

Require password change

Password never expires

Locked out from failed logins

Special Permissions

Jane Doe has the following special permissions globally:

ERA Enrollment

Upload File

Manage Permissions Restrictions

This user can view and edit all documents and enrollments.

ADD RESTRICTIONS

SAVE USER



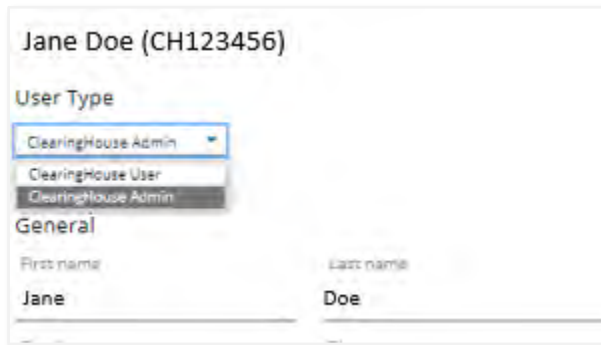
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## CLEARINGHOUSE ADMINISTRATOR VS CLEARINGHOUSE USER

To update a user to an Administrator or an Administrator to a user, complete the following steps:

Step	Task
1.	Locate <b>User Type</b>
2.	Click the dropdown
3.	Click <b>Save User</b>

Locate **User Type** and click the appropriate dropdown option.



### User Type:

- Clearinghouse Admin: Can Add/Edit Users, Remove Users, and Adjust User Permissions
- Clearinghouse User: Can perform functions on the site as designated by their account admin except viewing other users

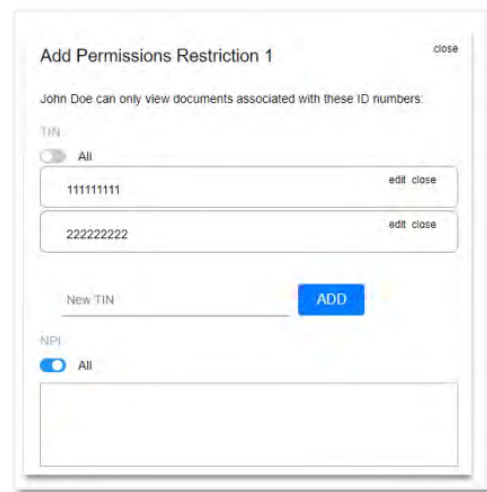
Once the appropriate option is selected click the  button if completed or if other functions need to be completed, complete those updates before saving. Other functions include:

- Disable user
- Require password change
- Password never expires
- Locked from failed logins
  - Uncheck box to unlock user account
- Special permissions

- ERA Enrollment
- Upload File
- Add Restrictions
  - Can restrict based on transaction type, TIN, and NPI

### RESTRICTION EXAMPLE 1

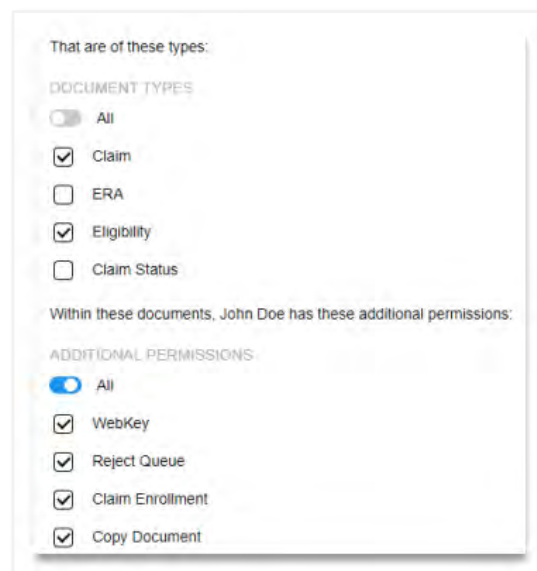
John Doe is allowed to view documents associated with TINs 111111111 and 222222222 as well as any NPIs associated with those two TINs. They are not allowed to view a document that comes in with TIN 333333333.



The screenshot shows a dialog box titled "Add Permissions Restriction 1" with a "close" button in the top right corner. Below the title, it states "John Doe can only view documents associated with these ID numbers:". Under the "TIN" section, there is a toggle switch for "All" (which is turned off) and two input fields containing "111111111" and "222222222", each with "edit" and "close" buttons. Below these is a "New TIN" input field and a blue "ADD" button. Under the "NPI" section, there is a toggle switch for "All" (which is turned on) and an empty input field.

### RESTRICTION EXAMPLE 2

John Doe is allowed to access the Claims and Eligibility pages. He cannot see any ERAs or make any Claim Status requests from this account. He is allowed all claim submission tools.



The screenshot shows a configuration panel titled "That are of these types:". Under "DOCUMENT TYPES", there is a toggle switch for "All" (turned off) and four checkboxes: "Claim" (checked), "ERA" (unchecked), "Eligibility" (checked), and "Claim Status" (unchecked). Below this, it says "Within these documents, John Doe has these additional permissions:". Under "ADDITIONAL PERMISSIONS", there is a toggle switch for "All" (turned on) and five checkboxes: "WebKey" (checked), "Reject Queue" (checked), "Claim Enrollment" (checked), and "Copy Document" (checked).

## ADMIN CHANGE REQUEST

If the administrator is leaving the position for any reason, they should grant a new user/users access to the administrator functions.

- If the administrator leaves and a new administrator was not designated, fill out the Admin Change Request form
- A member of the support team will contact your practice within x days to confirm the information submitted and ensure the new administrator has the correct access

## MY PROVIDERS

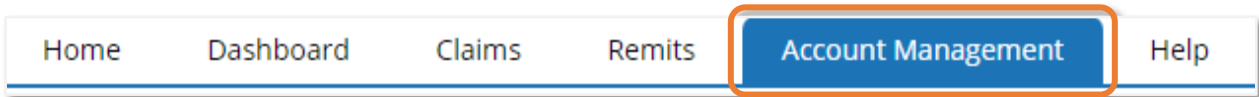
**My Provider:** Is a page to help make the claim submission process as simple as possible. Multiple providers and facilities can be listed for a quick selection during the claim submission process.

## ADDING A NEW FACILITY

To add new facility, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>My Providers</i>
3.	Click <i>+Add New Facility</i> button
4.	Complete required fields
5.	Optional <i>Select Affiliated Providers</i>
6.	Click <i>Save</i>

Navigate and click on the *Account Management* tab.



Click *My Providers* located on the left-hand side.



Click *+Add New Facility* button located on the top right of the My Providers page.



Enter Required fields marked with an \* asterisk and any additional information that would be pertinent for the account. The Add New Facility form has two sections Facility Information and Billing Information.

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## ADDING FACILITY INFORMATION

Claims form submission will auto populate information based on the +Add New Facility enrollment:

- Facility information will populate within box 32 for the professional claims form
- NPI number will populate within box 32a
- The Qualifier and Other ID number will populate box 33b

---

## ADDING BILLING INFORMATION

Claims form submission will auto populate information based on the +Add New Facility enrollment:

- The Billing Information section will populate boxes 33 and 25 on the professional claims form.
- NPI will populate within box 33a
- The Qualifier and Other ID number will populate on box 33b
- TIN will populate on box 25

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## ADDING ASSOCIATED PROVIDERS

If provider(s) are already added to the account, select the provider(s) that will be affiliated with the facility.



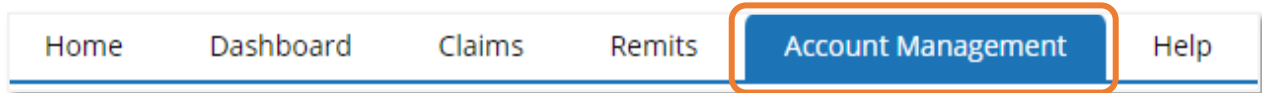
Once all information has been added and any optional providers have been associated with the facility be sure to click **Save**.

# ADDING A NEW PROVIDER

To add new provider, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>My Providers</i>
3.	Click the <i>Providers</i> tab
4.	Click <i>+Add New Provider</i> button
5.	Complete required fields
6.	Optional <i>Select Affiliated Facility</i>
6.	Click <i>Save</i>

Navigate and click on the *Account Management* tab.



Click *My Providers* located on the left-hand side.



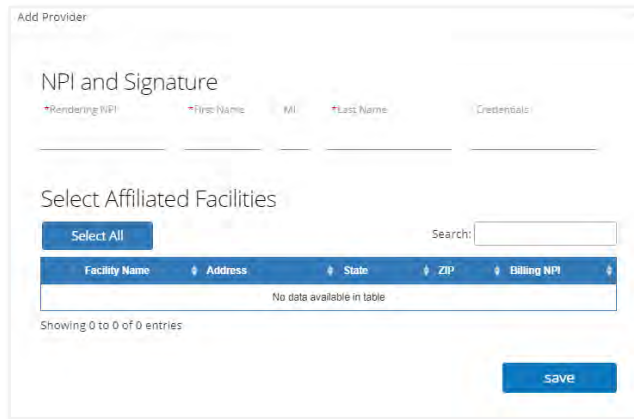
Click *Providers* tab located towards the top.



Click **+Add New Provider** button.



Enter Required fields marked with an \* asterisk and any additional information that would be pertinent for the account.



## ADDING AFFILIATED FACILITIES

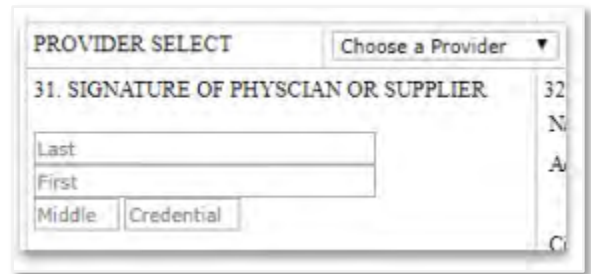
If facilities are already added to the account, select the facilities the provider will be affiliated with.



Once all information has been added and any optional facilities have been associated to the provider be sure to click **Save**.

## QUICK FILL PROVIDERS/FACILITIES DURING CLAIM SUBMISSION

Claims can be submitted while quickly filling in the provider information. Utilizing the ***Provider Select*** label within the drop-down menu above box 31, the menu will list the Provider Name and Facility Name as options. Click on the appropriate option to use on the claim to immediately fill out boxes 25, 31, 32, and 33.



## SELECTING PAYERS

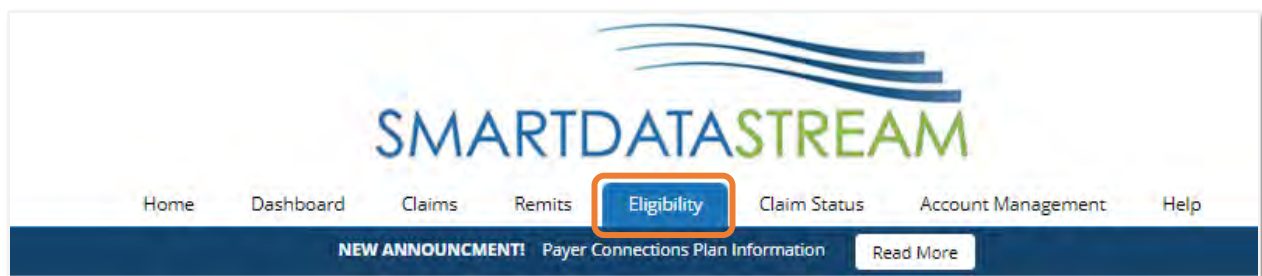
Not all accounts have elected eligibility search. If this is an option added to the account providers can verify patient eligibility.

Before eligibility can be checked a payer needs to be searched.

To search for a payer, complete the following steps:

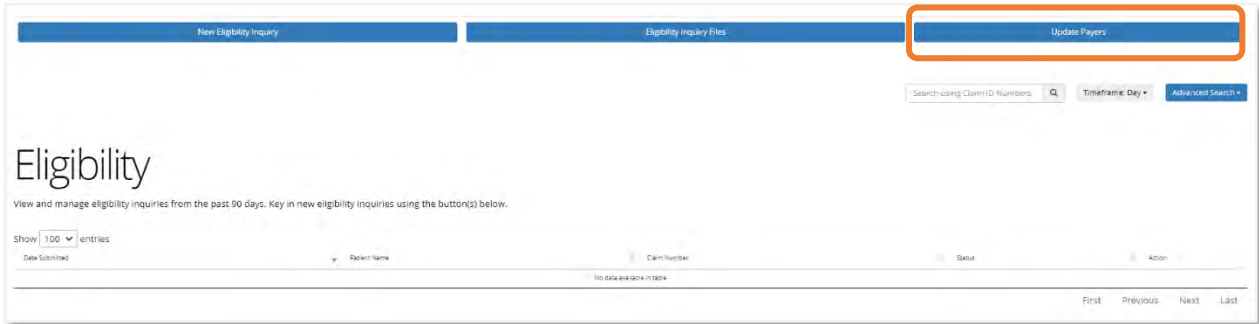
Step	Task
1.	Navigate and click on the <b><i>Eligibility</i></b> tab
2.	Click <b><i>Update Payers</i></b>
3.	Select the Payer/Payers
4.	Click <b><i>Submit</i></b>

Navigate and click on the ***Eligibility*** tab.



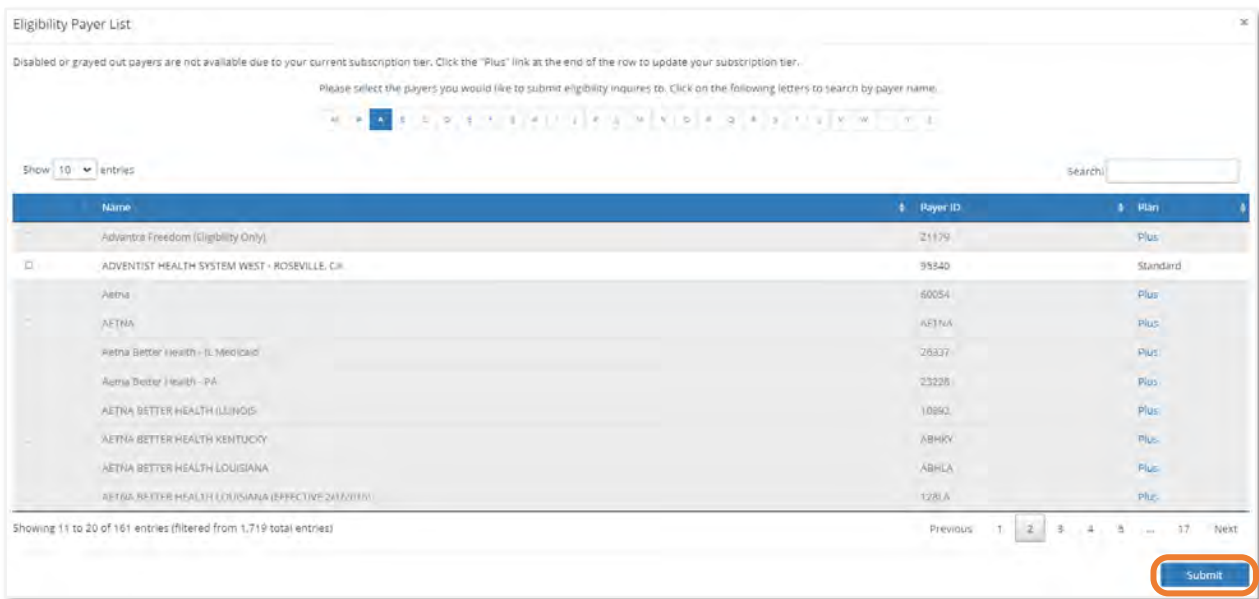


Click **Update Payers** to choose the Payer/Payers to search eligibility for.



The screenshot shows the 'Eligibility Inquiry Files' section of the application. At the top, there are three tabs: 'New Eligibility Inquiry', 'Eligibility Inquiry Files', and 'Update Payers'. The 'Update Payers' tab is highlighted with an orange box. Below the tabs, there is a search bar with the text 'Search using Claim ID Numbers', a search icon, a 'Timeframe: Day' dropdown, and an 'Advanced Search' button. The main heading is 'Eligibility', followed by the text 'View and manage eligibility inquiries from the past 90 days. Key in new eligibility inquiries using the button(s) below.' Below this, there is a 'Show 100 entries' dropdown and a table with columns for 'Date Submitted', 'Payer Name', 'Claim Number', 'Status', and 'Action'. At the bottom right, there are navigation links: 'First', 'Previous', 'Next', and 'Last'.

Select the Payer/Payers and click **Submit**.



The screenshot shows the 'Eligibility Payer List' section. At the top, it says 'Eligibility Payer List' and '30'. Below this, there is a message: 'Disabled or grayed out payers are not available due to your current subscription tier. Click the "Plus" link at the end of the row to update your subscription tier.' Below the message, there is a search bar with the text 'Please select the payers you would like to submit eligibility inquiries to. Click on the following letters to search by payer name.' Below the search bar, there is a 'Show 10 entries' dropdown and a search input field. Below this, there is a table with columns for 'Name', 'Payer ID', and 'Plan'. The table contains several rows of payer information, including 'Advantia Freedom (Eligibility Only)', 'ADVENTIST HEALTH SYSTEM WEST - ROSEVILLE, CA', 'Aetna', 'AETNA', 'Aetna Better Health - IL Medicaid', 'Aetna Better Health - PA', 'AETNA BETTER HEALTH (ILLINOIS)', 'AETNA BETTER HEALTH KENTUCKY', 'AETNA BETTER HEALTH LOUISIANA', and 'AETNA BETTER HEALTH (LOUISIANA (EFFECTIVE 2/1/2015))'. At the bottom of the table, there is a 'Showing 11 to 20 of 161 entries (filtered from 1,719 total entries)' and a pagination control with 'Previous', '1', '2', '3', '4', '5', '...', '17', and 'Next'. A 'Submit' button is highlighted with an orange box at the bottom right.



Some payers are only available through the SDS Plus plan which you may enroll for by either clicking on Plus under the plan column or by going to Account Management and clicking My Plan.

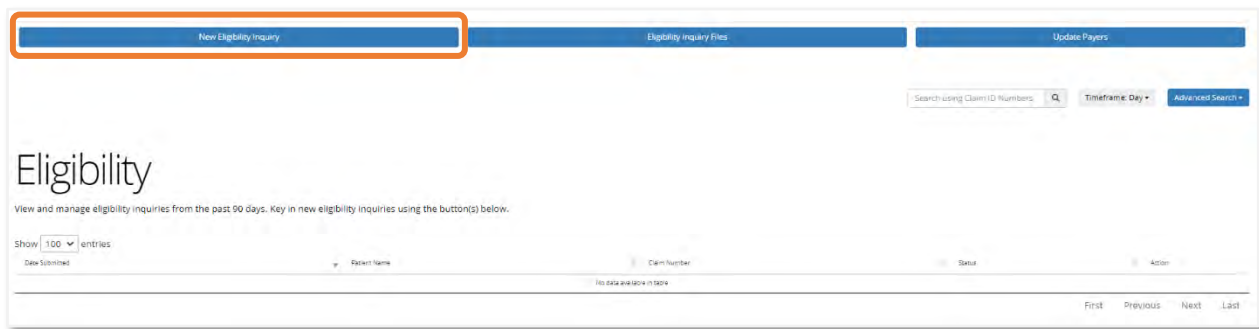
# ELIGIBILITY SEARCH/MAKING A REQUEST

Now that a Payer has been updated/selected. A ***New Eligibility Inquiry*** needs to be completed.

To search for a New Eligibility Inquiry, complete the following steps:

Step	Task
1.	Navigate and click on the <b><i>New Eligibility Inquiry</i></b> tab
2.	Select the relevant payer from the <b><i>Destination</i></b> drop down
2.	Complete the required fields
4.	Click <b><i>Submit Request</i></b>

Click on the ***New Eligibility Inquiry*** tab.



On the form select the relevant payer from the ***Destination*** drop down menu and then fill out the member's/patient's information. Most payers require DOB, First and Last Name, and Member ID, but there are a few that just require DOB and member ID.

### Select Payer

Destination

### Member Information

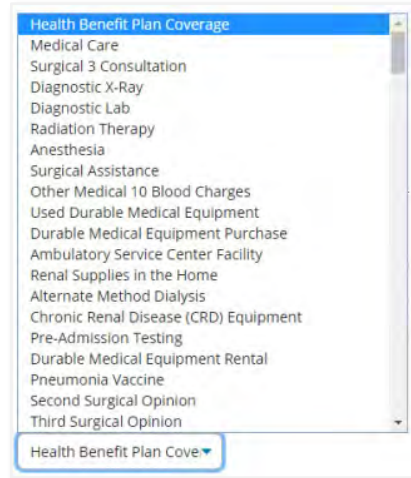
Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Date of Birth mm/dd/yyyy	Member ID	
<input type="text"/>	<input type="text"/>	
Date of Service 11/22/2019	Insured Yes	
<input type="text"/>	<input type="text"/>	

### Service Information

Service Type



To check for a specific service type eligibility, use the Service Information Type drop down menu.



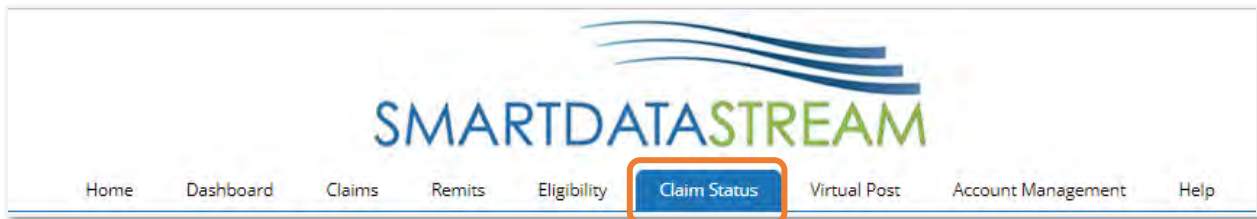
## SELECTING PAYERS

To check claim status, a payer needs to be searched.

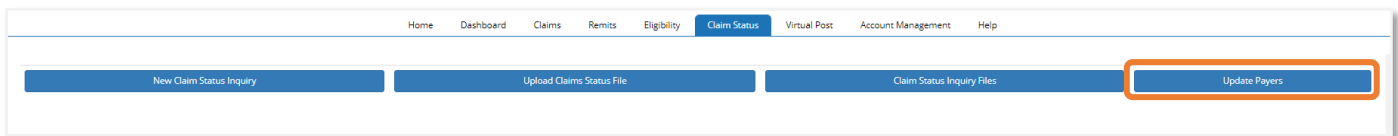
To search for a payer, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims Status</i> tab
2.	Click <i>Update Payers</i>
3.	Select the Payer/Payers
4.	Click <i>Submit</i>

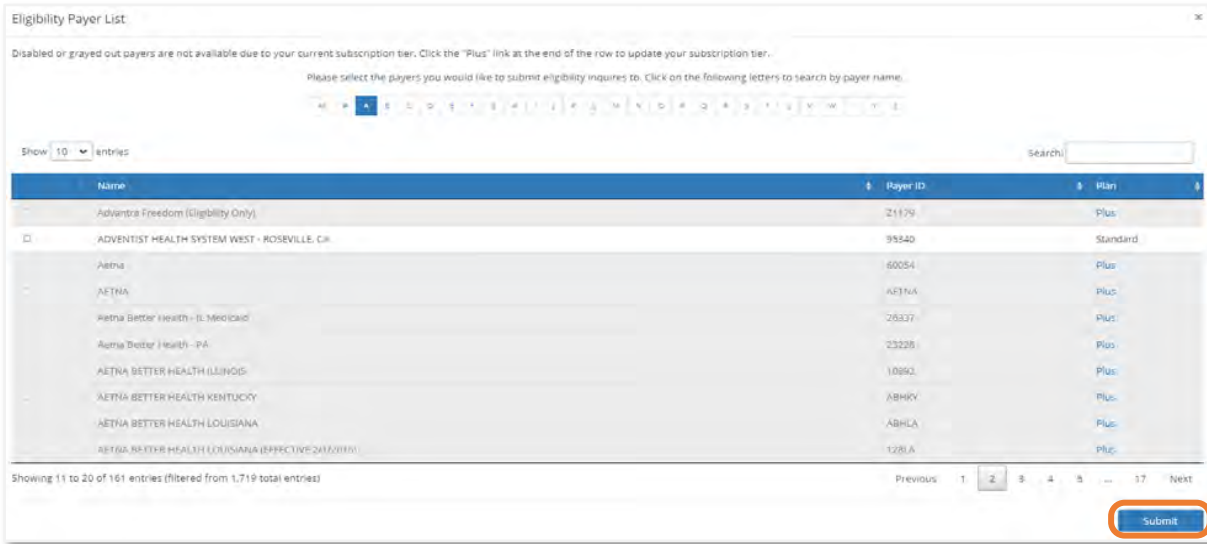
Navigate and click on the *Claims Status* tab.



Click *Update Payers* to choose the Payer/Payers to search claim status.



Select the Payer/Payers and click **Submit**.



Some payers are only available through the SDS Plus plan which you may enroll for by either clicking on Plus under the plan column or by going to Account Management and clicking My Plan.

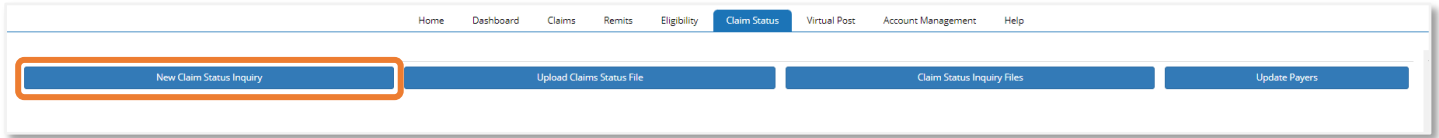
## NEW CLAIM STATUS INQUIRY/ MAKING A REQUEST

Now that a Payer has been updated/selected. A **New Claim Status Inquiry** needs to be completed.

To search for a New Claim Status Inquiry, complete the following steps:

Step	Task
1.	Navigate and click on the <b>New Claim Status Inquiry</b> tab
2.	Select the relevant payer & provider from the <b>Destination &amp; Provider Billing ID</b> drop down menus
2.	Complete the required patient fields
4.	Click <b>Submit Request</b>

Click on the *New Claim Status Inquiry* tab.



On the form select the relevant payer and provider from the *Destination* and *Provider Billing ID* drop down menus.

- The Provider Billing ID options can be updated/added from the My Providers page.

Fill out the member's/patient's information.

- Most payers require DOB, First and Last Name, and Member ID, but there are a few that just require DOB and member ID.



Claim Status Inquiry is intended to only provide basic status information and will not have adjudication or benefit break down information included.

## CLAIM STATUS

Now that the payer and patient information has been added a list of claims will appear to verify claim status.

Date Submitted	Patient Name	Claim Number	Status	Action
8/27/2023 9:59:36 AM		12345678901234	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901235	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901236	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901237	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901238	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901239	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901240	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901241	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901242	Accepted	[Icons]
8/27/2023 9:59:36 AM		12345678901243	Accepted	[Icons]

# CLAIM SEARCH

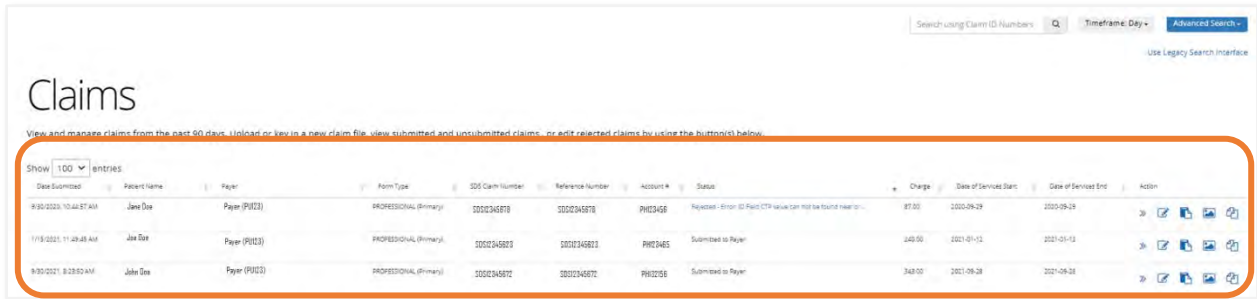
To search for a claim submitted within the last 90 days, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab

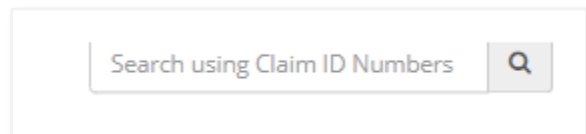
Navigate and click on the *Claims tab*.



A list of claims will appear.



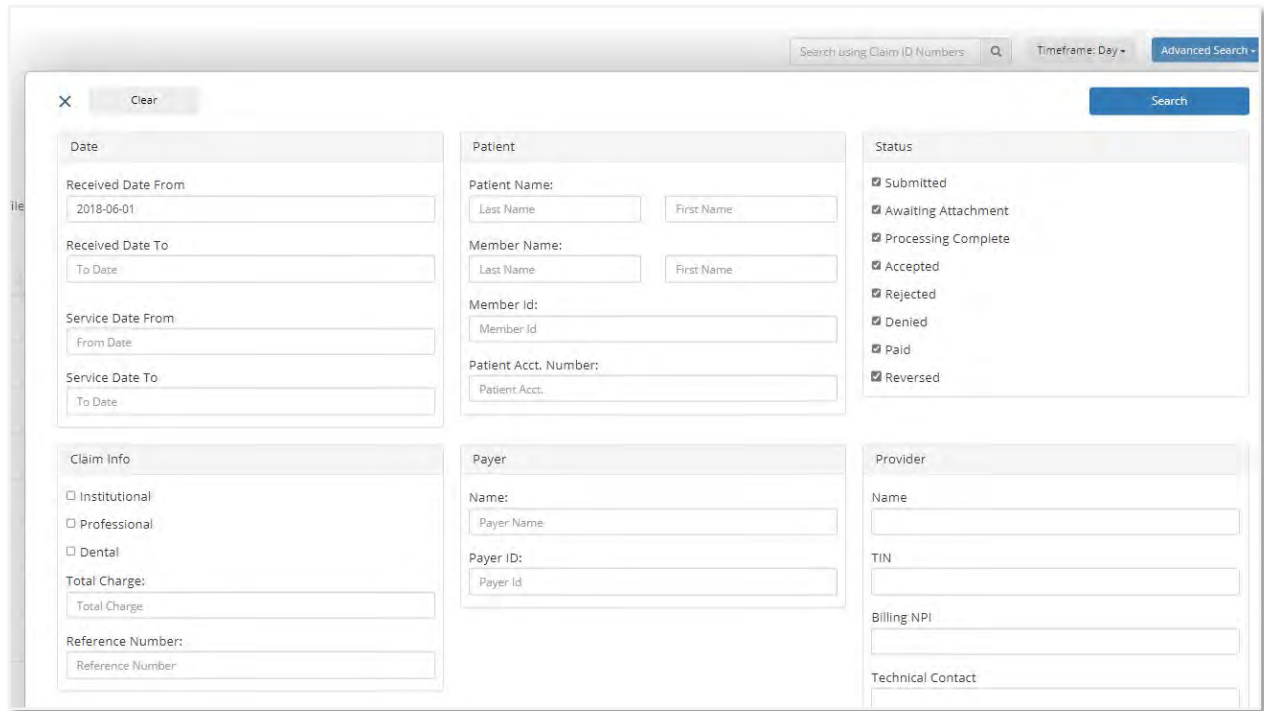
If the claim number is available, use the claim number search located in the top right-hand side of the screen.



## ADVANCED CLAIM SEARCH

Advanced claim search can be used if the claim number is not known. The user can select dates of service, patient information, status, claim information (claim type), payer, and provider information associated with the claim.

Once the advanced search information is entered click the **Search** button to review results.



The screenshot shows the 'Advanced Search' interface with the following sections:

- Date:** Received Date From (2018-06-01), Received Date To (To Date), Service Date From (From Date), Service Date To (To Date).
- Patient:** Patient Name (Last Name, First Name), Member Name (Last Name, First Name), Member Id (Member Id), Patient Acct. Number (Patient Acct.).
- Status:** Submitted, Awaiting Attachment, Processing Complete, Accepted, Rejected, Denied, Paid, Reversed (all checked).
- Claim Info:** Institutional, Professional, Dental (checkboxes); Total Charge (Total Charge); Reference Number (Reference Number).
- Payer:** Name (Payer Name), Payer ID (Payer Id).
- Provider:** Name, TIN, Billing NPI, Technical Contact.

## PAYER SELECTION

Prior to submitting claims, a payer must be selected.

There are two categories of payers, Standard and Plus:

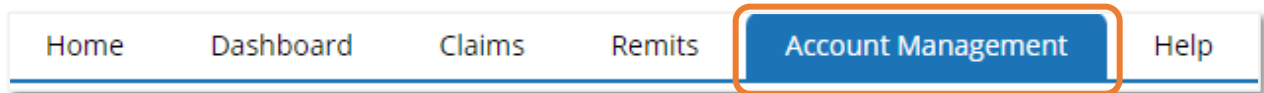
- **Standard:** Free unlimited claims submission with limited participating payers.
- **Plus:** Unlimited claims submission with a monthly fee associated per each NPI. Access to all SDS participating payers.

# UPDATE PLAN SELECTION

To update the plan selection from Standard to Plus, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>My Plan</i>
3.	Click the <i>Select</i> button
4.	Read Terms of Service and Confirm Payer list
5.	Click the <i>Accept</i> button

Navigate and click on the *Account Management* tab.



Click *My Plan* located on the left-hand side.

## Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

- Users
- Reset Password
- My Plan
- My Providers
- Provider Enrollments
- Admin Change Request
- Update Enrollment Info
- Multi-Factor Authentication
- Channel History
- Create Provider Account

### My SDS Plan

Standard  
Free

- No Fees or Contracts
- Direct SDS ERA Payer Connections
- Direct SDS Claim Status Connections
- Direct SDS Eligibility Inquiry Connections
- Direct SDS Claim Payer Connections

[SELECT](#)

[See Available Payers](#)

Plus  
\$75/NPI/mo

- No Fees or Contracts
- All Claim Status Connections
- Medicare, Medicaid, and Government Payers
- All Claim Payer Connections
- ERA Payer Enrollment Assistance
- All ERA Payer Connections
- All Eligibility Inquiry Connections

[SELECT](#)

[See Available Payers](#)

24



Click the **Select** button for either the Standard or Plus plan.

# Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

Users

Reset Password

**My Plan**

My Providers

Provider Enrollments

Admin Change Request

Update Enrollment Info

Multi-Factor Authentication

Channel History

Create Provider Account

## My SDS Plan

**Standard**

**Free**

- No Fees or Contracts
- Direct SDS ERA Payer Connections
- Direct SDS Claim Status Connections
- Direct SDS Eligibility Inquiry Connections
- Direct SDS Claim Payer Connections

**SELECT**

[See Available Payers](#)

**Plus**

**\$75/NPI/mo**

- No Fees or Contracts
- All Claim Status Connections
- Medicare, Medicaid, and Government Payers
- All Claim Payer Connections
- ERA Payer Enrollment Assistance
- All ERA Payer Connections
- All Eligibility Inquiry Connections

**SELECT**

[See Available Payers](#)

Read the Terms of Service and confirm Payers list. If you agree to all the Terms of Service and the payers listed suit the needs for claims submission, click **Accept**.

## SDS Plus Plan

**\$75/NPI/mo**

- No Fees or Contracts
- All Claim Status Connections
- Medicare, Medicaid, and Government Payers
- All Claim Payer Connections
- ERA Payer Enrollment Assistance
- All ERA Payer Connections
- All Eligibility Inquiry Connections

**View SDS Payer List**

Contact our support with any questions!

[stream.support@sdata.us](mailto:stream.support@sdata.us)  
855-297-4436 opt. 2  
Available Mon-Fri 9am 5pm CST

\*Please confirm that the payers you need to bill are currently available on the SDS Payer List for the transaction types you're interested in. If you do not see the payer that you are looking for, please contact stream.support@sdata.us with the payer's information to see if it can be made available. We do not offer refunds in the case of signing up and then finding that the payer \*needed is unavailable through SDS.

By clicking **ACCEPT** you agree to the following Terms of Service

SMART DATA SOLUTIONS SERVICE MONTHLY SUBSCRIPTION AGREEMENT

PLEASE CAREFULLY REVIEW THE FOLLOWING END USER LICENSE AGREEMENT OF SMART DATA SOLUTIONS AND ANY AND ALL TERMS OF USE THAT REFERENCE THIS AGREEMENT (HEREINAFTER "AGREEMENT"). THIS AGREEMENT IS A LEGALLY BINDING CONTRACT BETWEEN SUBSCRIBER AND Smart Data Solutions (AS DEFINED BELOW). THIS AGREEMENT EXPRESSLY INCORPORATES ANY AND ALL TERMS OF USE THAT REFERENCE THIS AGREEMENT. THIS AGREEMENT GOVERNS ALL USE OF SMART DATA SOLUTIONS RANGE OF SERVICES, SOFTWARE AND ANY ASSOCIATED SERVICES, BOTH ONLINE AND OFFLINE.

**ACCEPT**

# UPDATE PAYER FOR CLAIMS SUBMISSION

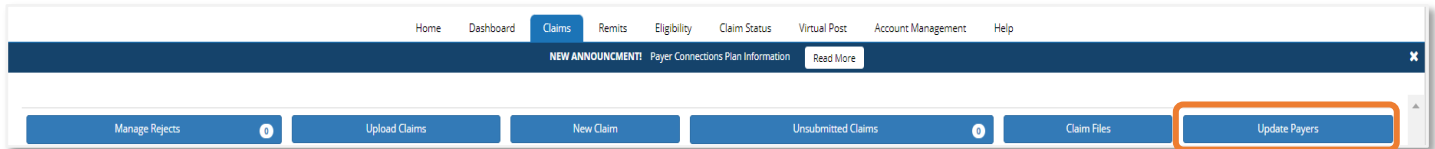
To update the payer for claims submission, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab
2.	Click <i>Update Payers</i>
3.	Locate the Payer to be selected
4.	Check the box next to the correct Payer
5.	Click <i>Submit</i> button

Navigate and click on the *Claims tab*.



Click *Update Payers* located on the right-hand side.



Locate the payer and check the box next to the payer for this claim submission. Click the **Submit** button.

Claim Payer List

Disabled or grayed out payers are not available due to your current subscription tier. Click the "Plus" link at the end of the row to update your subscription tier.

Please select the payers you would like to submit claims to. Click on the following letters to search by payer name.

All
  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

Show  entries Search:

Name	Payer ID	Professional	Institutional	Dental	Plan
A & I BENEFIT PLAN ADMINISTRATORS	93044	Y	Y	N	Plus
A Plus Staffing	J1239	Y	Y	N	Plus
A Plus Staffing (ALL States) (Auto Only)	A0280A	Y	Y	N	Plus
A Plus Staffing (ALL States) (WC Only)	A0280W	Y	Y	N	Plus
A-1 Services & Mobile Home Repair (ALL) AUTO ONLY	WC186A	N	Y	N	Plus
A-1 Truck And Trailer Repair (ALL) AUTO ONLY	WC187A	N	Y	N	Plus
A-1 Truck And Trailer Repair (ALL) WC ONLY	WC187W	N	Y	N	Plus
<input checked="" type="checkbox"/> A-G Administrators LLC	11370	Y	Y	Y	Standard
A.B.F Freight (Fontana, CA) (ALL) AUTO ONLY	WC183A	N	Y	N	Plus
A.B.F Freight (Fontana, CA) (ALL) WC ONLY	WC183W	N	Y	N	Plus

Showing 1 to 10 of 788 entries (filtered from 9,233 total entries) Previous  2 3 4 5 ... 79 Next



Disabled or grayed out payers are not available due to the current subscription tier. To update the subscription, click the **Plus** link at the end of the row to update the subscription tier from Standard to Plus for full payer access.

## CLAIMS SUBMISSION

There are two ways to submit a claim through the Smart Data Stream (SDS) Clearinghouse Portal.

- **Upload Claims:** used for uploading EDI/837 files
- **New Claim:** a direct data entry form to enter claims directly into the system

# UPLOAD CLAIMS

Use this interface to upload Claims in EDI format. Once the Claims have been uploaded and checked for basic compliance, they will appear in the screen. Review and add any additional attachments to the claims by clicking the upload button underneath the claim. Once all claims have been added and reviewed, click the release button, and the claims will be routed to the payer along with the any attachments.

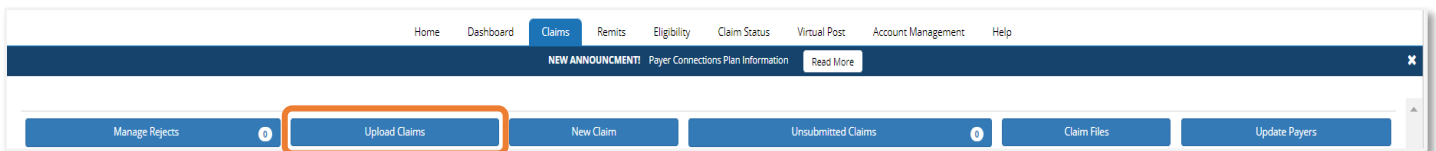
To use the upload claims feature, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab
2.	Click <i>Upload Claims</i>
3.	Click <i>Choose File</i> button
4.	Click <i>Upload</i> button

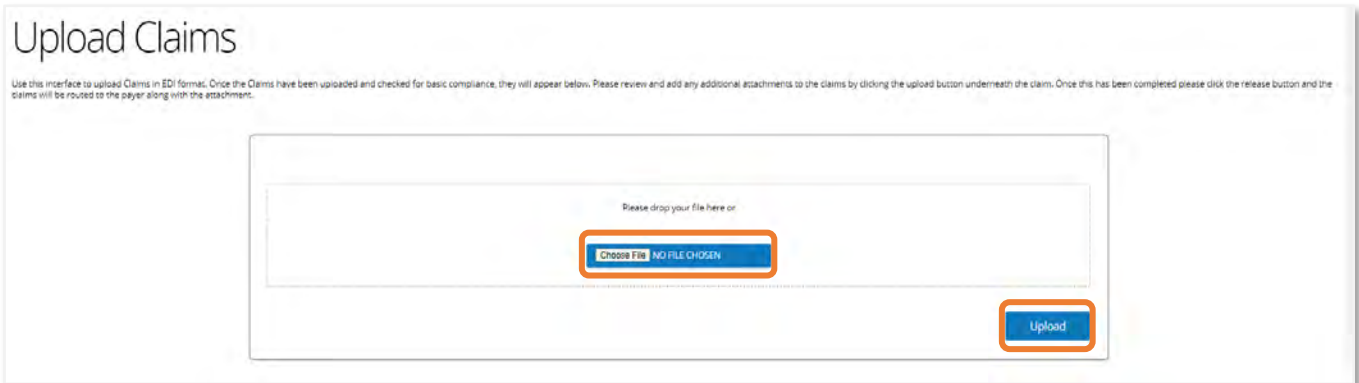
Navigate and click on the *Claims tab*.



Click *Upload Claims*.



Click **Choose File** button. Attach all claims and supporting attachments/documents. Click **Upload** button.



## NEW CLAIMS

Use New Claims if wanting to submit using the forms on our SDS site.

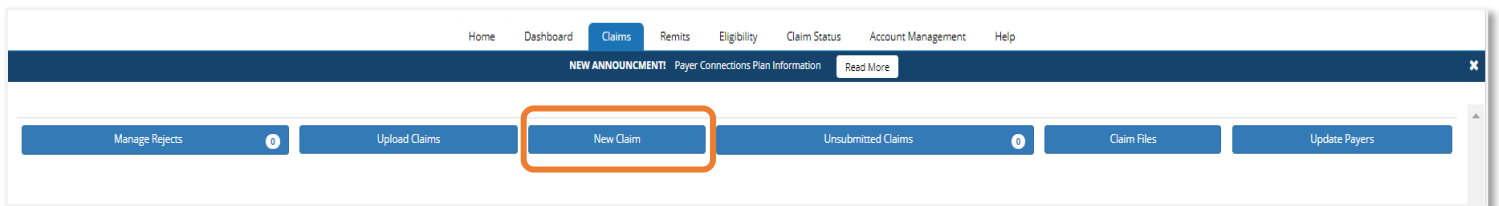
To use the New Claim feature, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab
2.	Click <i>New Claims</i>
3.	Click <i>Choose a Payer</i> dropdown
4.	Choose either <i>Professional, Institutional, or Dental</i> claim form
5.	Complete required fields and click <i>Submit document</i>

Navigate and click on the *Claims* tab.

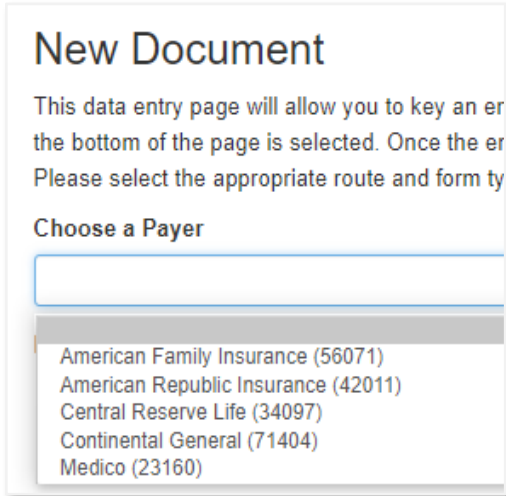


Click *New Claims*.



Click the dropdown to choose a payer for the claim.

- The claim form will auto populate, if there is only one payer on the account and the payer only accepts one type of claim.
- If the correct payer is not listed, click the *Click here to add or remove payers*.
  - See Update Payer for Claim Submission section for guidance on adding a new payer.



Not seeing the payer you're looking for? [Click here to add or remove payers](#)

The claim forms are modeled after their paper counterparts:

- CMS1500 – Professional Claim
- UB04 – Institutional Claim

Once a payer is chosen, choose the claim form either *Professional, Institutional, or Dental* claim.

Create a blank claim

Professional  Institutional  Dental



If ***Use old interface*** is selected the old interface claims form will display. This is not the recommended method to submitting claims. The recommended method is to use the new interface.

Now that the claim form has been selected and all information entered. Ensure information added is accurate. To submit the claim click ***Submit Document*** located at the bottom of the claim form.

Submit Document

## REQUIRED VS SITUATIONAL CLAIM FIELDS

While filling out the claims form utilizing the preferred new interface, ensure the required yellow fields are filled out as well as any Situational fields that are pertinent to the claim's submission.

---

### BILLING INFORMATION

The Provider information is required:

- Name
- TaxID
- EIN/SSN
- NPI
- Address 1
  - City
  - State
  - Zip
- Payer Assignment Code
- Situational fields can include secondary and tertiary payer information
-

---

## PATIENT INFORMATION

The patient information is required:

- Last and First Name
- Address 1
  - City
  - State
  - Zip
- Relationship to Subscriber
- DOB
  - Format MM-DD-YYYY
- Gender
- Member ID
  - Situational fields can include Group Number and Plan Name
- Add Subscriber information when relationship to subscriber is not at least 18 years of age.

---

## CLAIM INFORMATION

The required claim information includes:

- POS
- Benefits Assignment
- Information Release
- Situational fields can include prior authorization or referral number

---

## CLAIM DATES & ATTACHMENTS

There are no required claim information or attachments, however; Situational information can be added as relevant.



---

## DIAGNOSIS CODES

The required diagnosis information includes:

- Code A
  - Add any other pertinent diagnosis codes

---

## SERVICE LINE ITEMS

The required service line-item information includes:

- Code A
  - Format MM-DD-YYYY
- CPT
  - Modifier's are not required but recommended if applicable
- CPT
- DiagPtr – Diagnosis code pointer
- Charge
- Units
- POS - Place of Service
- Add a service line as applicable

---

## OTHER SITUATIONAL LINES

Other Situational lines based on services received:

- Referring Provider
- Rendering Provider
- Service Facility Location
- Supervising Provider
- Transportation Information
- Ambulance Information

## PROFESSIONAL CLAIMS FORM

Updated claims form (recommended method of submission):

### Payer Responsibility

Primary | Secondary | Tertiary

#### Billing Information

Name	Tax ID	ENROLLED
<input type="text" value="Name is required"/>	<input type="text" value="Tax ID is required"/>	<input type="text" value="ENROLLED is required"/>
Secondary Code	ABI	Secondary ID
<input type="text" value="ABI is required when Secondary ID is blank"/>	<input type="text" value="Secondary ID is required"/>	<input type="text" value="Secondary ID is required"/>
Address 1	Address 2	City
<input type="text" value="Address 1 is required"/>	<input type="text" value="Address 2 is required"/>	<input type="text" value="City is required"/>
ZIP	State	ZIP
<input type="text" value="ZIP is required"/>	<input type="text" value="State is required"/>	<input type="text" value="ZIP is required"/>
ZIP Extension	Payer Assignment Code	
<input type="text" value="Payer Assignment Code is required"/>	<input type="text" value="Payer Assignment Code is required"/>	

#### Pay To Information

Secondary Payer Information

Tertiary Payer Information

#### Patient Information

Last Name	First Name	MI	Suffix
<input type="text" value="Last Name is required"/>	<input type="text" value="First Name is required"/>	<input type="text" value="MI is required"/>	<input type="text" value="Suffix is required"/>
Address 1	Address 2	City	State
<input type="text" value="Address 1 is required"/>	<input type="text" value="Address 2 is required"/>	<input type="text" value="City is required"/>	<input type="text" value="State is required"/>
Insurance as Subscriber	DOB (MM-DD-YYYY)	Gender	
<input type="text" value="Insurance as Subscriber is required"/>	<input type="text" value="DOB is required"/>	<input type="text" value="Gender is required"/>	
Insurance ID	Group Number	Plan Name	
<input type="text" value="Insurance ID is required"/>	<input type="text" value="Group Number is required"/>	<input type="text" value="Plan Name is required"/>	

#### Subscriber Information

#### Claim Information

National Code #	POS	Frequency Code	Benefit Assignment	Information Referral
<input type="text" value="National Code # is required"/>	<input type="text" value="POS is required"/>	<input type="text" value="Frequency Code is required"/>	<input type="text" value="Benefit Assignment is required"/>	<input type="text" value="Information Referral is required"/>
Signature Source	Service Program Code	SPOT Code	Program Program	
<input type="text" value="Signature Source is required"/>	<input type="text" value="Service Program Code is required"/>	<input type="text" value="SPOT Code is required"/>	<input type="text" value="Program Program is required"/>	
Referral Number	Prior Authorization	Original Referral Number		
<input type="text" value="Referral Number is required"/>	<input type="text" value="Prior Authorization is required"/>	<input type="text" value="Original Referral Number is required"/>		
Procedure Related Procedure	Accident Class 1	Accident Class 2	Date	
<input type="text" value="Procedure Related Procedure is required"/>	<input type="text" value="Accident Class 1 is required"/>	<input type="text" value="Accident Class 2 is required"/>	<input type="text" value="Date is required"/>	

#### Claim Dates (Format MM-DD-YYYY)

Initial Treatment	Last Date	Billing Date	Event Modification
<input type="text" value="Initial Treatment is required"/>	<input type="text" value="Last Date is required"/>	<input type="text" value="Billing Date is required"/>	<input type="text" value="Event Modification is required"/>
Last Treatment	Last Date	Reassignment Date	Reassignment Date
<input type="text" value="Last Treatment is required"/>	<input type="text" value="Last Date is required"/>	<input type="text" value="Reassignment Date is required"/>	<input type="text" value="Reassignment Date is required"/>
Secondary Date	Secondary Date	Secondary Date	Secondary Date
<input type="text" value="Secondary Date is required"/>	<input type="text" value="Secondary Date is required"/>	<input type="text" value="Secondary Date is required"/>	<input type="text" value="Secondary Date is required"/>
Insurance Termination	Insurance Termination	Insurance Termination	Insurance Termination
<input type="text" value="Insurance Termination is required"/>	<input type="text" value="Insurance Termination is required"/>	<input type="text" value="Insurance Termination is required"/>	<input type="text" value="Insurance Termination is required"/>

#### Attachments

#### Diagnosis Codes

A	B	C	D	E	F
<input type="text" value="A is required"/>	<input type="text" value="B is required"/>	<input type="text" value="C is required"/>	<input type="text" value="D is required"/>	<input type="text" value="E is required"/>	<input type="text" value="F is required"/>
B	A	F	D	A	F
<input type="text" value="B is required"/>	<input type="text" value="A is required"/>	<input type="text" value="F is required"/>	<input type="text" value="D is required"/>	<input type="text" value="A is required"/>	<input type="text" value="F is required"/>

### Service Line Items

Line #: Item RDC Clearing Rebilling

From DOS MM/DD/YYYY	To DOS MM/DD/YYYY	CPT	Item1	Item2
From DOS is required		CPT is required		
Item1	Item2	Diagnosis	Charge(s)	Units
		Diagnosis code pointer is required	Charge(s) is required	Units is required
POS	Times	CLR	Note	
POS is required				

Description

[Copy Service Line](#) [Remove Service Line](#)

[Add Line](#)

Total Charge \$  
0.00

Referring Provider

### Rendering Provider

Last Name  First Name  Middle Name

NPI  Specialty  Secondary ID Type  Secondary ID

Service Facility Location

Supervising Provider

Transportation Information

Ambulance Information

[Validate/Preview Form](#) [Save Progress](#) [Save As Template](#) [Submit Document](#)

Old interface claims form (not recommended submission method):

<b>Notes</b>			
1 Type <input type="text" value="OTHER"/>		1a INSURED'S ID NUMBER <input type="text"/>	
2 PATIENT'S NAME (Last Name, First Name, Middle Initial) Last <input type="text"/> First <input type="text"/> Middle <input type="text"/>		3 PATIENT'S BIRTH DATE YYYY/MM/DD Sex <input type="text"/>	
4 INSURED'S NAME (Last Name, First Name, Middle Initial) Last <input type="text"/> First <input type="text"/> Middle <input type="text"/>		5 PATIENT'S ADDRESS (No Street) <input type="text"/>	
6 PATIENT RELATIONSHIP TO INSURED Self <input type="text"/>		7 INSURED'S ADDRESS (No Street) <input type="text"/>	
CITY <input type="text"/> STATE <input type="text"/>		8 RESERVED FOR NUCC USE	
ZIP CODE <input type="text"/> TELEPHONE <input type="text"/>		CITY <input type="text"/> STATE <input type="text"/>	
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <input type="text"/>		11 INSURED'S POLICY GROUP OR FECA NUMBER <input type="text"/>	
a OTHER INSURED'S POLICY OR GROUP NUMBER <input type="text"/> (None, )		10 IS PATIENT'S CONDITION RELATED TO: Employment? <input type="text"/> No <input type="text"/> Yes <input type="text"/> Auto Accident? <input type="text"/> No <input type="text"/> Yes <input type="text"/> Other Accident? <input type="text"/> No <input type="text"/> Yes <input type="text"/>	
b RESERVED FOR NUCC USE		a INSURED'S BIRTH DATE YYYY/MM/DD Sex <input type="text"/>	
c RESERVED FOR NUCC USE		b OTHER CLAIM ID (Designated by NUCC) <input type="text"/>	
d INSURANCE PLAN NAME OR PROGRAM NAME <input type="text"/>		c INSURANCE PLAN NAME OR PROGRAM NAME <input type="text"/>	
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signed <input type="text"/>		10d CLAIM CODES (Designated by NUCC) <input type="text"/>	
14 DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) YYYY/MM/DD QUAL <input type="text"/>		d IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="text"/> No <input type="text"/> Yes <input type="text"/>	
15 OTHER DATE QUAL <input type="text"/> YYYY/MM/DD <input type="text"/>		13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Signed <input type="text"/>	
17 NAME OF REFERRING PROVIDER OR OTHER SOURCE Last <input type="text"/> First <input type="text"/>		16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION YYYY/MM/DD TO YYYY/MM/DD	
17a <input type="text"/> 17b NPI <input type="text"/>		18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES YYYY/MM/DD TO YYYY/MM/DD	
19 RESERVED FOR LOCAL USE		20 OUTSIDE LAB? <input type="text"/> \$ CHARGES <input type="text"/>	
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY A <input type="text"/> B <input type="text"/> C <input type="text"/> D <input type="text"/> E <input type="text"/> F <input type="text"/> G <input type="text"/> H <input type="text"/> I <input type="text"/> J <input type="text"/> K <input type="text"/> L <input type="text"/>		22 RESUBMISSION CODE ORIGINAL REF NO 1 <input type="text"/>	
24 A DATES OF SERVICE B POS C EMG D PROC MODIFIER E DIAG F CHARGE G D U H EPSDT I QUAL J PROVIDER ID		23 PRIOR AUTHORIZATION NUMBER <input type="text"/>	
Add Line			
25 FEDERAL TAX I D NUMBER <input type="text"/>		26 PATIENT'S ACCOUNT NO <input type="text"/>	
27 ACCEPT ASSIGNMENT? <input type="text"/> No <input type="text"/> Yes <input type="text"/>		28 TOTAL CHARGE \$ <input type="text"/>	
29 AMOUNT PAID \$ <input type="text"/>		30 RSVD for NUCC Use	
31 SIGNATURE OF PHYSICIAN OR SUPPLIER Last <input type="text"/> First <input type="text"/> Middle <input type="text"/> Credential <input type="text"/>		32 SERVICE FACILITY LOCATION INFORMATION Name <input type="text"/> Address <input type="text"/> City <input type="text"/> STATE <input type="text"/> Zip <input type="text"/> Phone <input type="text"/> a NPI <input type="text"/> b <input type="text"/>	
		33 BILLING PROVIDER INFORMATION Name <input type="text"/> Address <input type="text"/> City <input type="text"/> STATE <input type="text"/> Zip <input type="text"/> Phone <input type="text"/> a NPI <input type="text"/> b <input type="text"/>	
<input type="button" value="Save Progress"/>		<input type="button" value="Save Billing Information"/>	
<input type="button" value="Submit Document"/>			

## INSTITUTIONAL CLAIMS FORM

Updated claims form (recommended method of submission):

### Billing Information

Name	Tax ID		
<input type="text" value="Name is required"/>	<input type="text" value="Tax ID is required"/>		
Taxonomy Code	NA	Secondary ID	Secondary ID Qualifier
<input type="text" value="NA"/>	<input type="text" value="Secondary ID is required when Secondary ID Qualifier is blank"/>	<input type="text"/>	<input type="text"/>
Address 1	Address 2	City	State
<input type="text" value="Address 1 is required"/>	<input type="text"/>	<input type="text" value="City is required"/>	<input type="text" value="State is required"/>
Signature on file	Paper Assignment Code	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text" value="ZIP is required"/>	

### Pay To Information

### Other Insurance Information

Select Other Insurance

### Patient Information

Last name	First name	MI	Suffix
<input type="text" value="Last name is required"/>	<input type="text" value="First name is required"/>	<input type="text"/>	<input type="text"/>
Address 1	Address 2	City	State
<input type="text" value="Address 1 is required"/>	<input type="text"/>	<input type="text" value="City is required"/>	<input type="text" value="State is required"/>
Relationship to Subscriber	DOB MM-DD-YYYY	Gender	
<input type="text" value="Relationship to Subscriber is required"/>	<input type="text" value="DOB is required"/>	<input type="text" value="Gender is required"/>	
Member ID	Group Number	Plan Name	
<input type="text" value="Member ID is required"/>	<input type="text"/>	<input type="text"/>	

### Subscriber Information

### Claim Information

Patient Control #	Facility Code (Type H/E/B/I)	Frequency Code	Benefit Assignment
<input type="text" value="000000000000000000"/>	<input type="text" value="Facility Code is required"/>	<input type="text" value="Frequency Code is required"/>	<input type="text" value="Benefit Assignment is required"/>
Information Release	Admission Type	Admission Source	Patient Status Code
<input type="text" value="Information Release is required"/>	<input type="text" value="Admission Type is required"/>	<input type="text" value="Admission Source is required"/>	<input type="text" value="Patient Status Code is required"/>
EPST Code	Referral Number	Prior Authorization	Original Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence State	INS Code	Site	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Claim Dates (Format MM-DD-YYYY)

### Attachments

### Diagnosis Codes

[View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)

[Principal Diagnosis](#) [International Classification of Diseases](#) [Admitting Diagnosis](#)

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**Principal Diagnosis** [View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)

**Other Codes** [View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)

### Service Line Items

[View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)

Source Code	From BIC (MADS/YY)	To BIC (MADS/YY)	From ICD-9 (ICD9)	To ICD-9 (ICD9)	From ICD-10 (ICD10)	To ICD-10 (ICD10)
<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>
ICD-9-CM (ICD9) Code	ICD-9-CM (ICD9) Code	ICD-9-CM (ICD9) Code	ICD-9-CM (ICD9) Code	ICD-9-CM (ICD9) Code	ICD-9-CM (ICD9) Code	ICD-9-CM (ICD9) Code
Charge(s)	Base Contract Charge(s)	Units	Unit Type	Rate	ICD-9-CM (ICD9) Code	ICD-9-CM (ICD9) Code
<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>	<a href="#">View</a> <a href="#">Cancel</a> <a href="#">Print</a> <a href="#">Refresh</a> <a href="#">Close</a>

[Add Line](#) [Remove Line](#)

Total Charge(s)

---

[Add Line](#) [Remove Line](#)

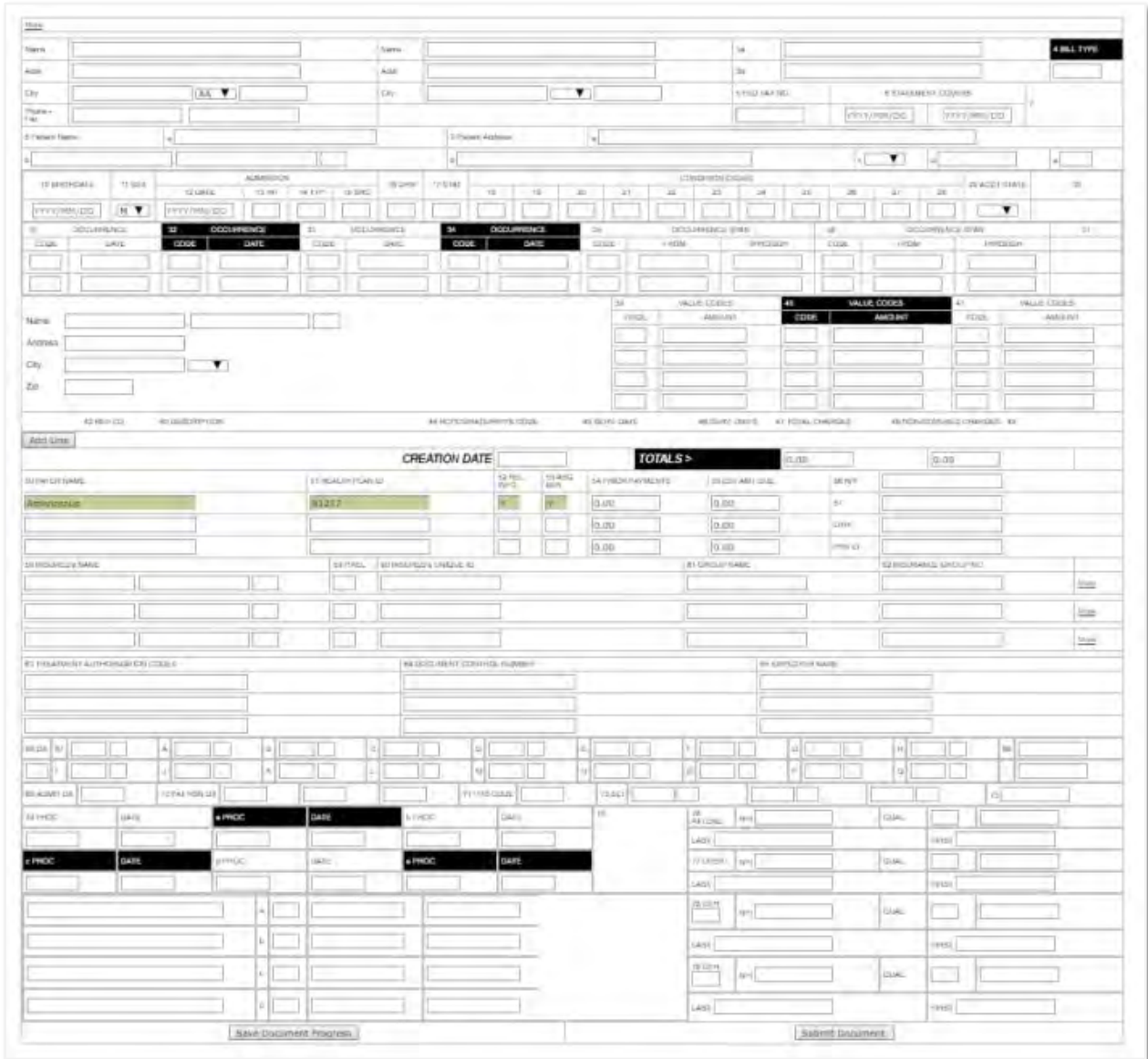
Total Charge(s)

---

**Attending Provider** [View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)  
**Operating Provider** [View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)  
**Referring Provider** [View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)  
**Rendering Provider** [View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)  
**Service Facility Location** [View](#) [Cancel](#) [Print](#) [Refresh](#) [Close](#)

[View All Charges](#) [View All Charges](#) [View All Charges](#) [View All Charges](#)

Old interface claims form (not recommended submission method):



The image shows a complex web-based claims form interface. It is organized into several distinct sections:

- Header Section:** Includes fields for Name, Address, City, State, and Bill Type.
- Admission Section:** Features a grid for admission details with columns for admission date, occurrence date, and procedure code.
- Value Codes Section:** A table with columns for Value Codes, Amount, Code, and Amount, used for recording specific charges.
- Table Section:** A table with columns including CREATION DATE, TOTALS, and various numerical codes (e.g., 12, 13, 14).
- Administrative Section:** Contains fields for provider name, NPI, and document control numbers.
- Signature/Date Section:** A grid for recording signatures and dates for various roles.
- Footer:** Includes buttons for "Save Document Progress" and "Submit Document".

## DENTAL CLAIMS FORM

Updated claims form (recommended method of submission):

**Payer Responsibility**

Primary Secondary Tertiary

Cancel

**Billing Information**

Copy from Billing

Last Name	First Name	Middle Name	Suffix
<small>Last Name is required</small>	<small>First Name is required</small>	<small>Middle Name is required when Relationship to Subscriber is not S</small>	<small>Suffix is required when Relationship to Subscriber is not S</small>
Address 1	Address 2	City	State ZIP
<small>Address 1 is required</small>	<small>Address 2 is required when Relationship to Subscriber is not S</small>	<small>City is required</small>	<small>State is required ZIP is required</small>
Phone Number	First ID (DOB)	STP/SDA Bill Employment Identification Number	Insurance Number
<small>Phone Number is required</small>	<small>First ID (DOB) is required</small>	<small>STP/SDA Bill Employment Identification Number is required</small>	<small>Insurance Number is required</small>
Secondary ID	Secondary ID (Qualifier)	Payer Assignment Code	Secondary Link
<small>Secondary ID is required</small>	<small>Secondary ID (Qualifier) is required</small>	<small>Payer Assignment Code is required</small>	<small>Secondary Link is required</small>

Pay To information

Secondary Payer information

Tertiary Payer information

**Patient Information**

Last Name	First Name	Middle Name	Suffix
<small>Last Name is required</small>	<small>First Name is required</small>	<small>Middle Name is required when Relationship to Subscriber is not S</small>	<small>Suffix is required when Relationship to Subscriber is not S</small>
Address 1	Address 2	City	State ZIP
<small>Address 1 is required</small>	<small>Address 2 is required when Relationship to Subscriber is not S</small>	<small>City is required</small>	<small>State is required ZIP is required</small>
Relationship to Subscriber	DOB MM/DD/YYYY	Gender	Member ID
<small>Relationship to Subscriber is required</small>	<small>DOB is required</small>	<small>Gender is required</small>	<small>Member ID is required</small>
Group Number	Plan Name		

**Subscriber Information**

Last Name	First Name	Middle Name	Suffix
<small>Last Name is required when Relationship to Subscriber is not S</small>	<small>First Name is required when Relationship to Subscriber is not S</small>	<small>Middle Name is required when Relationship to Subscriber is not S</small>	<small>Suffix is required when Relationship to Subscriber is not S</small>
Address 1	Address 2	City	State ZIP
<small>Address 1 is required when Relationship to Subscriber is not S</small>	<small>Address 2 is required when Relationship to Subscriber is not S</small>	<small>City is required when Relationship to Subscriber is not S</small>	<small>State is required when Relationship to Subscriber is not S ZIP is required when Relationship to Subscriber is not S</small>

Check Eligibility

**Claim Information**

Service Line Items

Line 1:

Proc Code	Area of Study	Tooth Surface	Tooth Restored (See Legend)
<small>Proc Code is required</small>	<small>Area of Study is required</small>	<small>Tooth Surface is required</small>	<small>Tooth Restored (See Legend) is required</small>
Procedure Date	Reassignment/Assignment	Plan	Plan Placement
<small>Procedure Date is required</small>	<small>Reassignment/Assignment is required</small>	<small>Plan is required</small>	<small>Plan Placement is required</small>
Observation	DR		
<small>Observation is required</small>	<small>DR is required</small>		

Add Line Remove Last Line

Cancel

Referring Provider

Rendering Provider

Copy from Billing

40



Last Name	First Name	SSN
License Number	Provider Specialty Code	DOB
Secondary ID Type	Secondary ID#	
<b>Service Facility Location</b>		
Facility Name	MSL Type	Secondary ID Type
Address 1	Address 2	City State ZIP
Assistant Provider		
Supervising Provider		
Validate Provider <input type="button" value="Go"/>	Save Provider <input type="button" value="Go"/>	Submit Treatment <input type="button" value="Go"/>

Old interface claims form (not recommended submission method):

<b>Header Information</b> 1. Type of Transaction Statement of Actual Services 2. Proclamation/Presubmission Number		<b>Policyholder/Subscriber information</b> <a href="#">Copy from Patient</a> 12. Policyholder/Subscriber Name, Address, State, Zip Name: _____ Address: _____ Address Line 2: _____ City: _____ Zip: _____																																																																																																																																		
<b>Insurance Company/Dental Benefit Plan Information</b> 3. Company/Plan Name: American Republic Insurance Address: _____ Address Line 2: _____ City: _____ Zip: _____		13. Date of Birth: _____ 14. Gender: _____ 15. Policyholder/Subscriber ID (SSN or ID#): _____ 16. Plan/Group Number: _____ 17. Employer Name: _____																																																																																																																																		
<b>Other Coverage</b> 4. Other Dental or Medical Coverage? (No) _____ 5. Name of Policyholder/Subscriber in #4: _____ 6. Date of Birth: _____ 7. Gender: _____ 8. Policyholder/Subscriber ID (SSN or ID#): _____ 9. Plan/Group Number: _____ 10. Patient's Relationship: _____ 11. Other Insurance Company/Dental Benefit Plan Name: _____ Address: _____ City: _____ Zip: _____		<b>Patient Information</b> <a href="#">Copy from Subscriber</a> 18. Relationship to Policyholder/Subscriber: _____ 19. Student Status: _____ 20. Name, Address, City, State, Zip Name: _____ Address: _____ Address Line 2: _____ City: _____ Zip: _____ 21. Date of Birth: _____ 22. Gender: _____ 23. Patient ID/Account #: _____																																																																																																																																		
<b>Record of Services Provided</b> <table border="1"> <thead> <tr> <th>24. Proc Date</th> <th>25. Area</th> <th>26. System</th> <th>27. Tooth Number(s) or Letter(s)</th> <th>28. Tooth Surface</th> <th>29. Procedure Code</th> <th>30. Description</th> <th>31. Fee</th> </tr> </thead> <tbody> <tr> <td colspan="8"><a href="#">Add Line</a></td> </tr> </tbody> </table>				24. Proc Date	25. Area	26. System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee	<a href="#">Add Line</a>																																																																																																																								
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<a href="#">Add Line</a>																																																																																																																																				
<b>Missing Teeth Information</b> 34. (Rate an 'X' on each missing tooth) <table border="1"> <thead> <tr> <th colspan="16">Permanent</th> <th colspan="10">Primary</th> <th>32. Other Fees</th> </tr> <tr> <th colspan="16"></th> <th colspan="10"></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Permanent																Primary										32. Other Fees																												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		33. Total Fee: _____		
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35. Remarks: _____																																																																																																																																				
<b>Authorizations</b> 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this document. X _____ Patient/Guardian signature _____ Date _____		<b>Anticipatory Claim/Treatment information</b> 38. Place of Treatment: _____ 39. Number of Enclosures: _____ 40. Is Treatment for Orthodontics? (No) _____ 41. Date Applied/Placed: _____ 42. Months of Treatment Remaining: _____ 43. Replacement Prosthesis? (No) _____ 44. Date Prior Placement: _____ 45. Treatment Resulting from: _____ 46. Date of Accident: _____ 47. Auto Accident State: _____																																																																																																																																		
<b>Billing Dentist or Dental Entity</b> <a href="#">Copy from Treating</a> 48. Name: _____ Address: _____ Address Line 2: _____ City: _____ Zip: _____ 49. NPI: _____ 50. License Number: _____ 51. SSN or TIN: _____ 52. Phone Number: _____ 53A. Additional Provider ID: _____		<b>Treating Dentist and Treatment Location Information</b> <a href="#">Copy from Billing</a> 53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. X _____ Signed (Treating Dentist) _____ Date _____ 54. NPI: _____ 55. License Number: _____ 56. Address: _____ Address Line 2: _____ City: _____ Zip: _____ 56A. Provider Specialty Code: _____ 57. Phone Number: _____ 58. Additional Provider ID: _____																																																																																																																																		

## RESUBMITTING A CLAIM

There are two ways to quickly resubmit a claim depending on the status, **Edit Claim** and **Copy Document**.

**Edit Claim** - is used if the claim is in one of the following statuses:

- Rejected
- Action Required
- Loading
- Awaiting Attachment
- Template

**Copy Document** - is used if the claim is in any other status not listed within *Edit Claim*. *Copy Document* creates a new claim while having all the previously entered information pre-populated.

## LOCATE CLAIM STATUS

To locate claim status, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab
2.	Search for the claim
3.	Review the <i>Status</i> field

Navigate and click on the *Claims tab*.



Search for and locate the claim from the list. Review the **Status** field.

Search using Claim ID Numbers  Timeframe: Day  [Use Legacy Search Interface](#)

## Claims

View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims, or edit rejected claims by using the button(s) below.

Show 100 entries

Date Submitted	Patient Name	Payer	Form Type	SSS Claim Number	Reference Number	Account #	Status	Charge	Date of Service Start	Date of Service End	Action
9/30/2020 10:44:57 AM	Jane Doe	Payer (PHI3)	PROFESSIONAL (Primary)	0002346578	0002346578	PHI3456	Rejected - Error ID Field CTR value can not be found near or	87.00	2020-06-29	2020-06-29	➤
1/18/2021 11:49:48 AM	Jane Doe	Payer (PHI2)	PROFESSIONAL (Primary)	0002346583	0002346813	PHI2456	Submitted to Payer	242.00	2021-01-12	2021-01-13	➤
9/30/2021 9:23:02 AM	Jane Doe	Payer (PHI3)	PROFESSIONAL (Primary)	0002346592	0002346872	PHI3256	Submitted to Payer	348.00	2021-08-28	2021-08-28	➤

If the claim number is available, use the claim number search located in the top right-hand side of the screen.

Search using Claim ID Numbers

## ADVANCED CLAIM SEARCH

Advanced claim search can be used if the claim number is not known. The user can select dates of service, patient information, status, claim information (claim type), payer, and provider information associated with the claim.

Once the advanced search information is entered click the **Search** button to review results.

Search using Claim ID Numbers  Timeframe: Day

<p><b>Date</b></p> <p>Received Date From: <input type="text" value="2018-06-01"/></p> <p>Received Date To: <input type="text" value="To Date"/></p> <p>Service Date From: <input type="text" value="From Date"/></p> <p>Service Date To: <input type="text" value="To Date"/></p>	<p><b>Patient</b></p> <p>Patient Name: <input type="text" value="Last Name"/> <input type="text" value="First Name"/></p> <p>Member Name: <input type="text" value="Last Name"/> <input type="text" value="First Name"/></p> <p>Member ID: <input type="text" value="Member Id"/></p> <p>Patient Acct. Number: <input type="text" value="Patient Acct."/></p>	<p><b>Status</b></p> <p><input checked="" type="checkbox"/> Submitted</p> <p><input checked="" type="checkbox"/> Awaiting Attachment</p> <p><input checked="" type="checkbox"/> Processing Complete</p> <p><input checked="" type="checkbox"/> Accepted</p> <p><input checked="" type="checkbox"/> Rejected</p> <p><input checked="" type="checkbox"/> Denied</p> <p><input checked="" type="checkbox"/> Paid</p> <p><input checked="" type="checkbox"/> Reversed</p>
<p><b>Claim Info</b></p> <p><input type="checkbox"/> Institutional</p> <p><input type="checkbox"/> Professional</p> <p><input type="checkbox"/> Dental</p> <p>Total Charge: <input type="text" value="Total Charge"/></p> <p>Reference Number: <input type="text" value="Reference Number"/></p>	<p><b>Payer</b></p> <p>Name: <input type="text" value="Payer Name"/></p> <p>Payer ID: <input type="text" value="Payer Id"/></p>	<p><b>Provider</b></p> <p>Name: <input type="text"/></p> <p>TIN: <input type="text"/></p> <p>Billing NPI: <input type="text"/></p> <p>Technical Contact: <input type="text"/></p>

## IDENTIFYING CLAIM STATUS

Review the claim status to determine which method to use to resubmit the claim, either *Edit Claim* or *Copy Document*.

Search using Claim ID Numbers  Timeframe: Day  [Use Legacy Search Interface](#)

### Claims

View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims, or edit rejected claims by using the button(s) below.

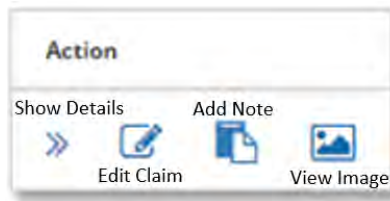
Show 100 entries

Date Submitted	Patient Name	Payer	Form Type	ISS Claim Number	Reference Number	Account #	Status	Charge	Date of Service Start	Date of Service End	Action
9/30/2020 10:44:57 AM	Jane Doe	Payer (PH03)	PROFESSIONAL (Primary)	0000246878	0000246878	PH03456	Rejected - Error ID: Reject CTR value can not be found near sp...	\$7.00	2020-06-29	2020-06-29	» 📄 📝 🖼️ 🔄
1/18/2021 11:29:48 AM	Jane Doe	Payer (PH03)	PROFESSIONAL (Primary)	0000246880	0000246880	PH02456	Submitted to Payer	240.00	2021-01-12	2021-01-12	» 📄 📝 🖼️ 🔄
9/30/2021 9:23:52 AM	Jane Doe	Payer (PH03)	PROFESSIONAL (Primary)	0000246892	0000246892	PH0256	Submitted to Payer	340.00	2021-06-28	2021-06-28	» 📄 📝 🖼️ 🔄

# ACTIONS – GENERAL CLAIM MANAGEMENT





At the end of every claim row, there is a set of actions that can be taken which include:

- Show Details
- Edit Claim
- Add Note
- View Image



## SHOW DETAILS

The Show Details button will expand an information section that includes Claim Information, Payment Information, and Additional Actions.

Claim Information		Payment Information		Additional Actions
Patient Name :	JOHN DOE	Payer Name :	American Republic Insurance	 View EDI
Member Id :	555555555	Provider Name :		 Copy Document
Payer Claim Number :	SDS1695700000019	Check Number :		 Transaction Details
Patient Account Number :	NA	Check Date :		 Download EDI
Total Charge :	50.00	Paid Amount :		

Additional Actions includes useful options:

- **View EDI**
  - Looks at the raw EDI/837 data that was uploaded/created in the system.
- **Copy Document**
  - Creates a duplicate of the originally submitted claim and allows a user to change any information that needs to be updated.
  - Useful for repeat patients- allows for updating the service information; however, patient information will remain.
- **Transaction Details**
  - Shows the file name received, the file that it was exported in, along with time stamps and response files.
- **Download EDI**
  - Downloads the 837 file to store in a separate system.

## EDIT CLAIM

Allows users to change the data of a claim before it enters adjudication.

- If a claim status is listed as Accepted, Submitted, or Processing Complete, using the Edit Claim button WILL NOT resend the claim.

## VIEW IMAGE

View Image will populate a readable version of the EDI, presented as either a CMS1500, UB04, or Dental claim depending on the type of claim that was submitted.


- If the claim has attachments, the attachments will appear as additional pages for the claim.

# EDIT CLAIM

**Edit Claim** - is used if the claim is in one of the following statuses:

- Rejected
- Action Required
- Loading
- Awaiting Attachment
- Template
- 

To Edit Claim, complete the following steps:

Step	Task
1.	Click <i>Edit Claim</i> 
2.	Enter additional information
3.	Click <i>Save Changes</i> button



Click **Edit Claim**.

Search using Claim ID Numbers  Timeframe: Day  [Advanced Search](#)

Use Legacy Search Interface

## Claims

View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims, or edit rejected claims by using the button(s) below.

Show 100 entries

Date Submitted	Patient Name	Payer	Form Type	SDS Claim Number	Reference Number	Account #	Status	Charge	Date of Service Start	Date of Service End	Action
9/30/2021 10:44:57 AM	Jane Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345678	SDS12345678	PH123456	Rejected- Error: ID Field CTP value can not be found near...	87.00	2020-09-29	2020-09-29	
1/19/2021 11:49:49 AM	John Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345679	SDS12345679	PH123456	Submitted to Payer	100.00	2021-01-12	2021-01-12	
9/30/2021 8:28:04 AM	Jane Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345677	SDS12345677	PH123456	Submitted to Payer	140.00	2021-09-28	2021-09-28	

Possible error information will appear. Review error information and make any necessary adjustments.

**Editing Professional Document for: Payer (PU123)**  
 Document Number: SDS12345678

**The following problems must be corrected before the claim can be submitted:**

- Error: ID Field CTP value can not be found near or at byte offset(1043) near segment [34]  
 Segment Name: Drug Quantity (Segment ID: CTP)  
 Element Name: null  
 Element Text:
- Error: May not be able to restart parser



The Edit Claim function will populate the original input information, simply update the claims information needing added/updated.

Once everything has been entered, click **Save Changes** button located at the bottom of the page.






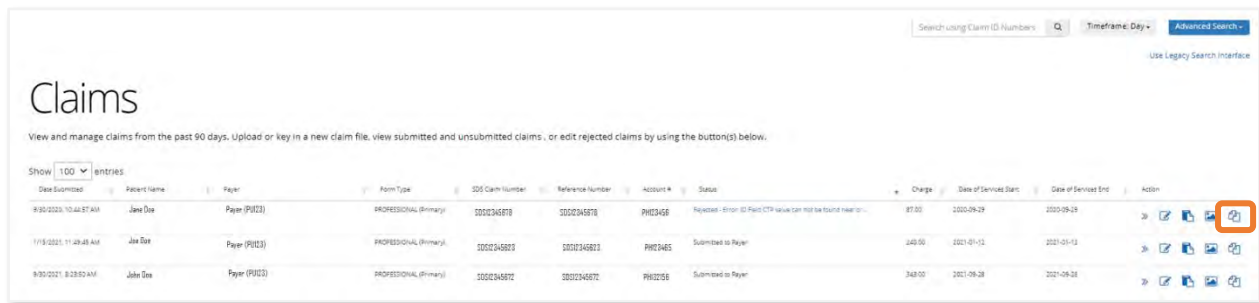
# COPY DOCUMENT

Copy Document is used for all other claim statuses that do not fall within the Edit Claim reasons.

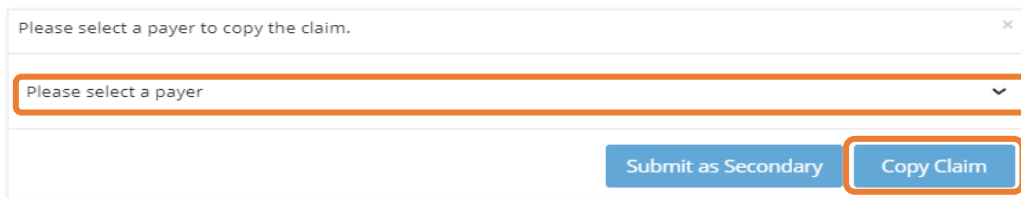
To use the Copy document function, complete the following steps:

Step	Task
1.	Click <i>Copy Document</i> 
2.	Select a Payer from the dropdown and click <i>Copy Claim</i>
3.	Enter necessary information
4.	Click <i>Submit Document</i> button

Click *Copy Document*  .



A popup window will appear. Select a payer from the dropdown menu and click the *Copy Claim* button.





If the payer is not listed, add a new payer before using the copy document option.

The claim will copy over. The user should enter all necessary information and make any updates.

Submit Document

When the claim is ready to be submitted click the *Submit Document* button located at the bottom of the claim page.

## UNSUBMITTED CLAIMS

The Unsubmitted Claims page will show all claims that are in an Action Required status.

The columns are:

- SDS Document Number
- Original Document Number
- Claim Type
- Keying Started
- Last Update
- Actions

Claims can be edited to have them submitted/resubmitted. The interface of this page is currently under construction.

## ERA ENROLLMENT

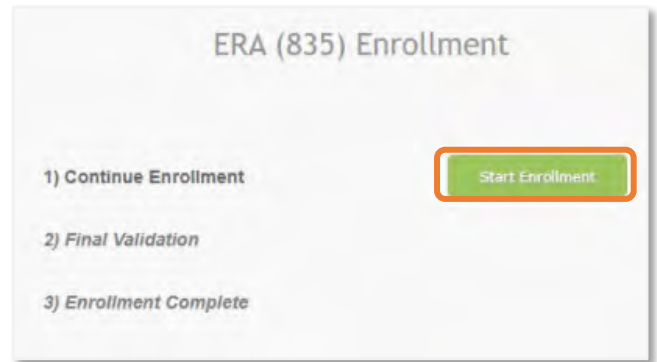
The ERA enrollment process through Smart Data Solutions (SDS) is available for select payers that directly utilize Smart Data Solutions' services. If payer is searched but isn't available within the list of payers, please contact SDS at 855-297-4436 opt 2 or [stream.support@sdata.us](mailto:stream.support@sdata.us)

# ENROLLMENT

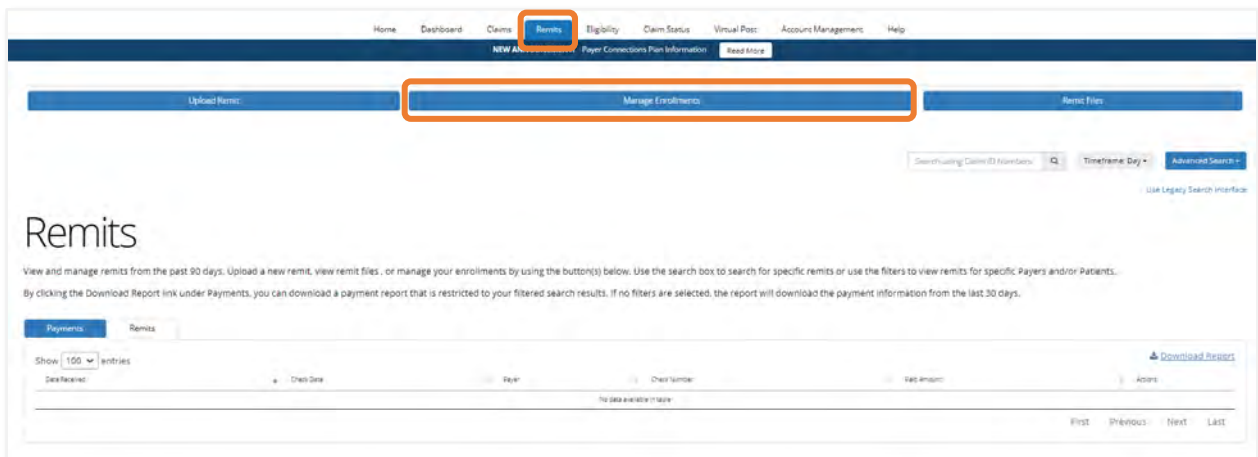
To complete the enrollment for Remits, complete the following steps:

Step	Task
1A.	Click <b><i>Start Enrollment</i></b>
1B.	Click <b><i>Remits</i></b> tab and click <b><i>Manage Enrollments</i></b>
1C.	Click <b><i>Account Management</i></b> tab and click <b><i>Provider Enrollments</i></b>

If the account was created through a specific payer/payment vendor's enrollment process, then the home page will automatically redirect to the ERA (835) Enrollment. Either Start Enrollment or Continue Enrollment will appear.



Upon navigating to the home page and the ERA (835) Enrollment Start Enrollment option doesn't appear click the ***Remits*** tab and then click ***Manage Enrollments***.



If the Remit tab doesn't appear and a user was not directed to the ERA (835) Enrollment option, click on the *Account Management* tab then *Provider Enrollments*.

## ENROLLMENT FORM COMPLETION

- Only the starred (\*) fields are required.
- Unless a user specifically wants different NPIs to have different enrollment setups, *it is recommended to only enrolling your TIN*.
  - This will enroll the user to receive all ERAs associated to that TIN regardless of the NPI associated.
- The Provider contact listed in the enrollment will receive any notifications regarding your enrollment, including the receipt of new ERAs in the account if you have them set to stay in the SDS Enrollment Portal.

## Profile

Profile Nickname

---

## Provider Information

\* Name

---

Doing Business As (DBA)

---

\* Address Line 1

---

Address Line 2

---

\* City

\* State

\* ZIP

---

## Provider Identifiers Information

\* Tax Identification Number (TIN) (I)

---

\* Verify TIN:

---

National Provider Identifier (NPI)

---

Verify NPI:

---

Trading Partner ID (I)

---

## Provider Contact Information

\* Last Name

---

\* First Name

---

\* Contact Phone

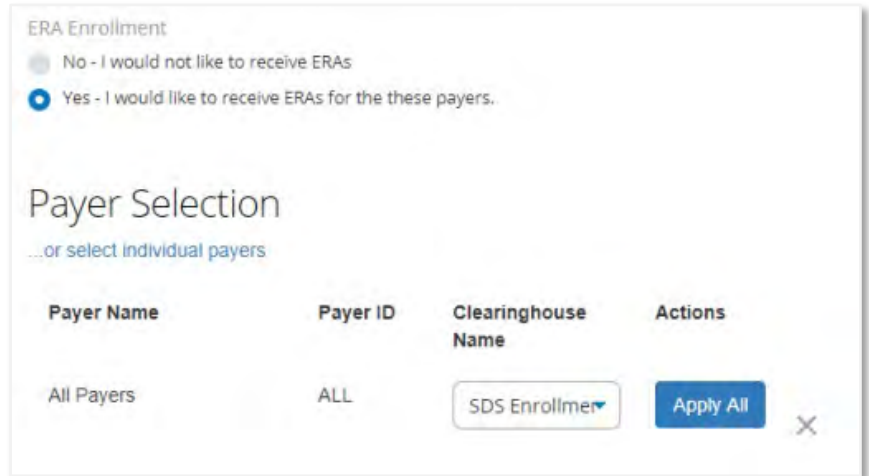
---

\* Contact Email

---

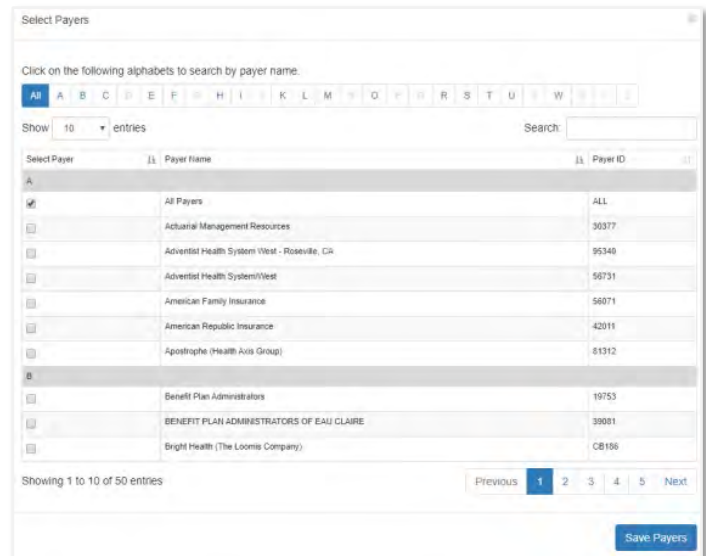
The default selection is set to enroll for all available payers and retrieve them directly from SDS.

- This is the recommended setting, if this is the setting the user would like to keep, move on to the next section.



If the user would like to choose specific payers to enroll for or see which payers are available, then click on the link below Payer Selection that says “...or *select individual payers*”.

A box will appear where a user can select/view available ERA payers. If a user would like to keep the default All Payers, just select the first option. This will unselect any other options previously select as the system groups them all under All Payers. It is expected for the others to become unchecked, and they will still be enrolled.



## INDIVIDUAL PAYERS

If a user chooses individual payers and would like them to go to another clearinghouse/billing software, use the *Apply All* button to change the Clearinghouse Name next to all payers.

Clearinghouse Name	Actions
Availity	Apply All
SDS Enrollment Portal	Apply All
SDS Enrollment Portal	Apply All
SDS Enrollment Portal	Apply All
SDS Enrollment Portal	Apply All
SDS Enrollment Portal	Apply All

Clearinghouse Name	Actions
Availity	Apply All
Availity	Apply All
Availity	Apply All
Availity	Apply All
Availity	Apply All
Availity	Apply All

## DIGITAL SIGNATURE

After relevant payers have been selected, enter in a digital signature, and choose an effective date. The Reason for Submission section will default to New Enrollment if this is the first time this enrollment form has been opened. It will default to Change Enrollment if editing an existing enrollment, regardless of if new payers have been selected. This is anticipated and will not affect the payer selection. The Requested ERA Effective Date will always be at least three days out from the date of submitting the form. That is roughly the amount of time that it takes for the payer to register the enrollment.

### Submission Information

Reason for SUBMISSION ⓘ

New Enrollment  
 Change Enrollment  
 Cancel Enrollment

### Authorized Signature

\* Signature ⓘ

Submission Date

2017-09-05

\* Requested ERA Effective Date ⓘ

**Submit**

## PROVIDER ENROLLMENT

After an enrollment is submitted, a user will be directed to the Provider Enrollments page where the enrollment will show within the table. Additional enrollments can be added to the account, or the existing enrollments can be edited and reviewed.

### Provider Enrollments + Add New Provider Enrollment

Show  entries Search:

Name	TIN	NPI	Actions
Chris Health Services	444555666	1458768763	»
Chris Health Services	123131231	111111111	»

Showing 1 to 2 of 2 entries Previous  Next

## REVIEW REMITS

To review Remit Payments and Remits, complete the following steps:

Step	Task
1.	Click <b>Remits</b> tab
2.	Click <b>Payments</b> tab or <b>Remits</b> tab



Home Dashboard Claims **Remits** Eligibility Claim Status Account Management Help

**NEW ANNOUNCEMENT!** Payer Connections Plan Information [Read More](#)

Manage Enrollments Remit Files

Search using Claim ID Numbers  Timeframe: Day [Advanced Search](#)

[Use Legacy Search Interface](#)

## Remits

View and manage remits from the past 90 days, view remit files, or manage your enrollments by using the button(s) below. Use the search box to search for specific remits or use the filters to view remits for specific Payers and/or Patients.

By clicking the Download Report link under Payments, you can download a payment report that is restricted to your filtered search results. If no filters are selected, the report will download the payment information from the last 30 days.

**Payments** Remits

Show 100 entries [Download Report](#)

Date Received	Check Date	Payer	Check Number	Paid Amount	Actions
7/9/2023, 12:00:00 AM	06/30/2023	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	12345678910	30.81	<a href="#">View</a> <a href="#">Download</a> <a href="#">Print</a> <a href="#">Refresh</a>
7/11/2023, 12:00:00 AM	06/29/2023	MEDICO INSURANCE COMPANY	1023654789	32.90	<a href="#">View</a> <a href="#">Download</a> <a href="#">Print</a> <a href="#">Refresh</a>
6/10/2023, 12:00:00 AM	06/07/2023	MEDICO CORP LIFE INSURANCE COMPANY	235944611	10.84	<a href="#">View</a> <a href="#">Download</a> <a href="#">Print</a> <a href="#">Refresh</a>
5/31/2023, 12:00:00 AM	05/30/2023	THRIVENT FINANCIAL FOR WUTHERANS	32165498741	1.61	<a href="#">View</a> <a href="#">Download</a> <a href="#">Print</a> <a href="#">Refresh</a>
6/20/2023, 12:00:00 AM	05/18/2023	MEDICO INSURANCE COMPANY	9641234878	32.90	<a href="#">View</a> <a href="#">Download</a> <a href="#">Print</a> <a href="#">Refresh</a>