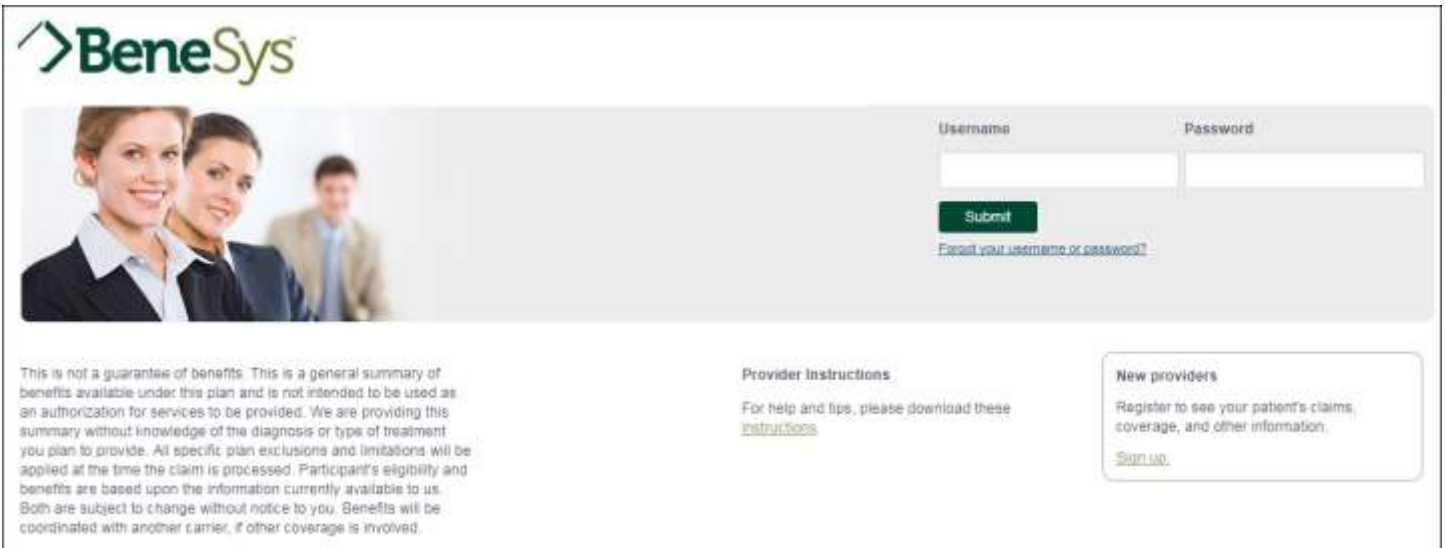


How to Utilize the Provider Portal

TO REGISTER: please go to: memberbenefitsonline.com

First Time Users – Please click on “Sign Up”. This is required for all new users, and is a one-time registration process.



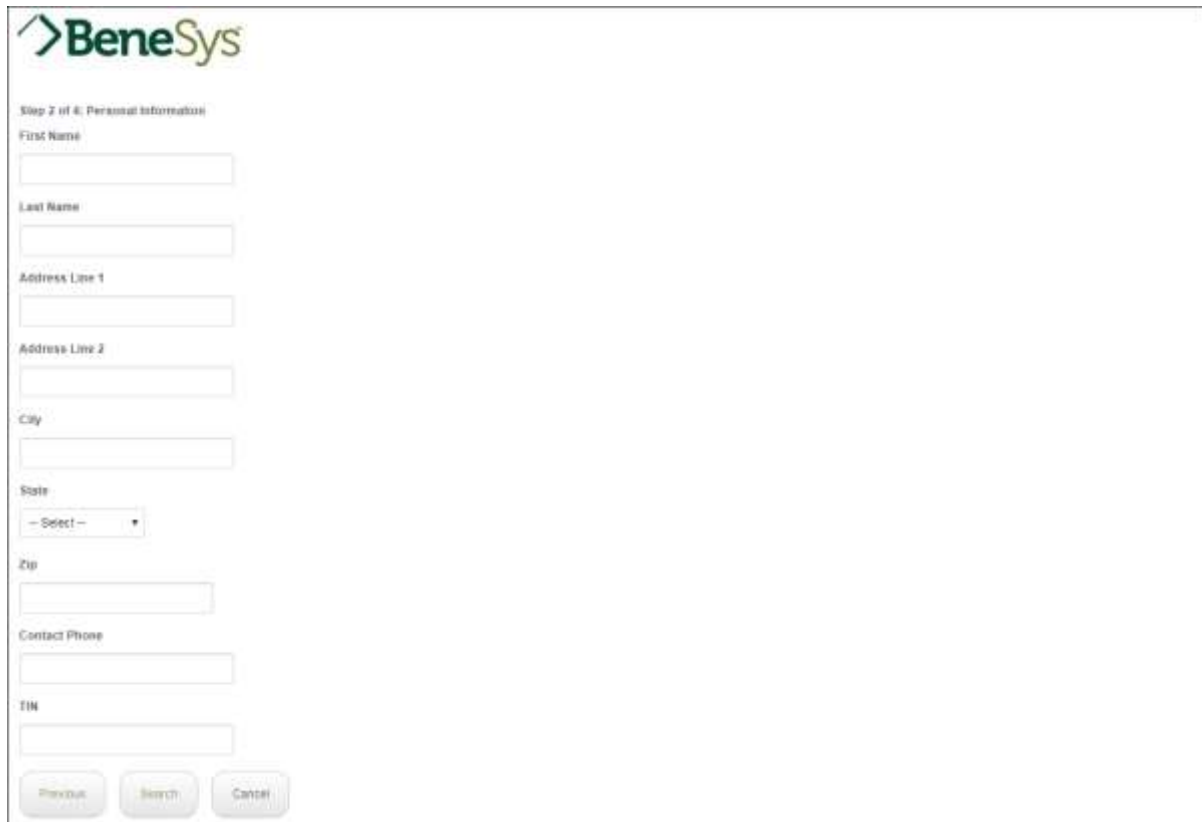
The screenshot shows the BeneSys login page. At the top left is the BeneSys logo. Below it is a banner image of three people in business attire. To the right of the banner is a login form with fields for 'Username' and 'Password', a 'Submit' button, and a link that says 'Forgot your username or password?'. Below the banner, there is a disclaimer on the left, 'Provider Instructions' in the middle, and a 'New providers' box on the right with a 'Sign up' link.

Step 1 of 5:

License Agreement – Please review the licensing agreement. Hit the “Next” button to proceed.

Step 2 of 5:

Personal Information – The Personal Information page must be completed and ALL fields are required. Proceed to the “Search” button at the end of the page.



The screenshot shows the 'Step 2 of 5: Personal Information' page. It features the BeneSys logo at the top left. The page contains several input fields: 'First Name', 'Last Name', 'Address Line 1', 'Address Line 2', 'City', 'State' (a dropdown menu with '- Select -'), 'Zip', 'Contact Phone', and 'TIN'. At the bottom of the page are three buttons: 'Previous', 'Search', and 'Cancel'.

- The search will locate all providers by the Tax ID Number you provided

Select Providers

Practice Name OR Facility Name	Address
--------------------------------	---------

Add Provider **Cancel Search**

Previous **Search** **Cancel**

- Add provider and confirm by clicking “Add Providers”, Click “Next”

Please Confirm

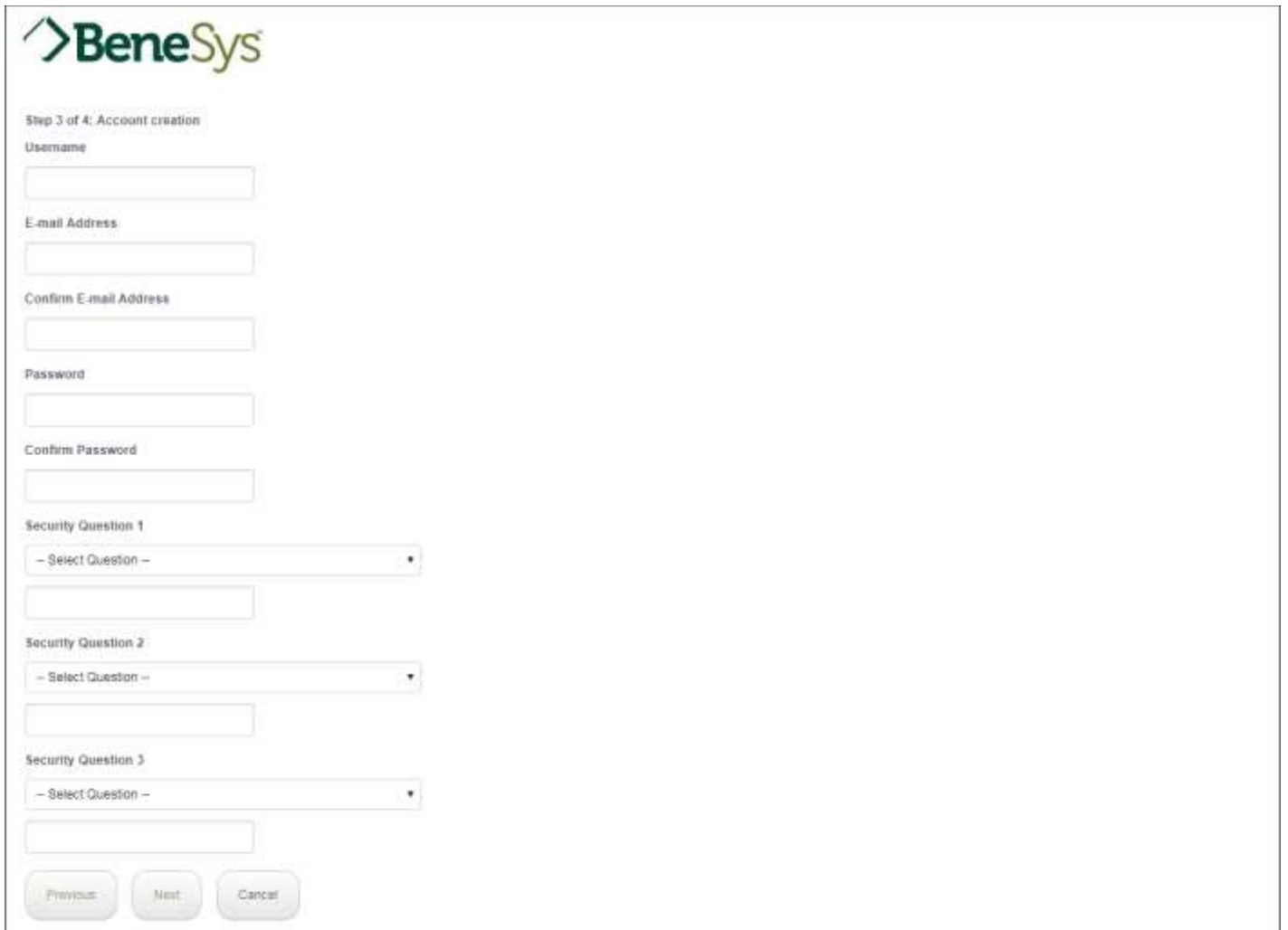
Confirm

Practice Name OR Facility Name	Address
--------------------------------	---------

Add Providers **Cancel**

Step 3 of 5:

Account Creation: The account creation fields must all be completed. Create the Username and Password that will be used to enter the Provider Portal. Once created, you can access the Portal with this username at all times. Be sure to create three security questions with their appropriate answer. Proceed to the “Next” button at the bottom of the page.



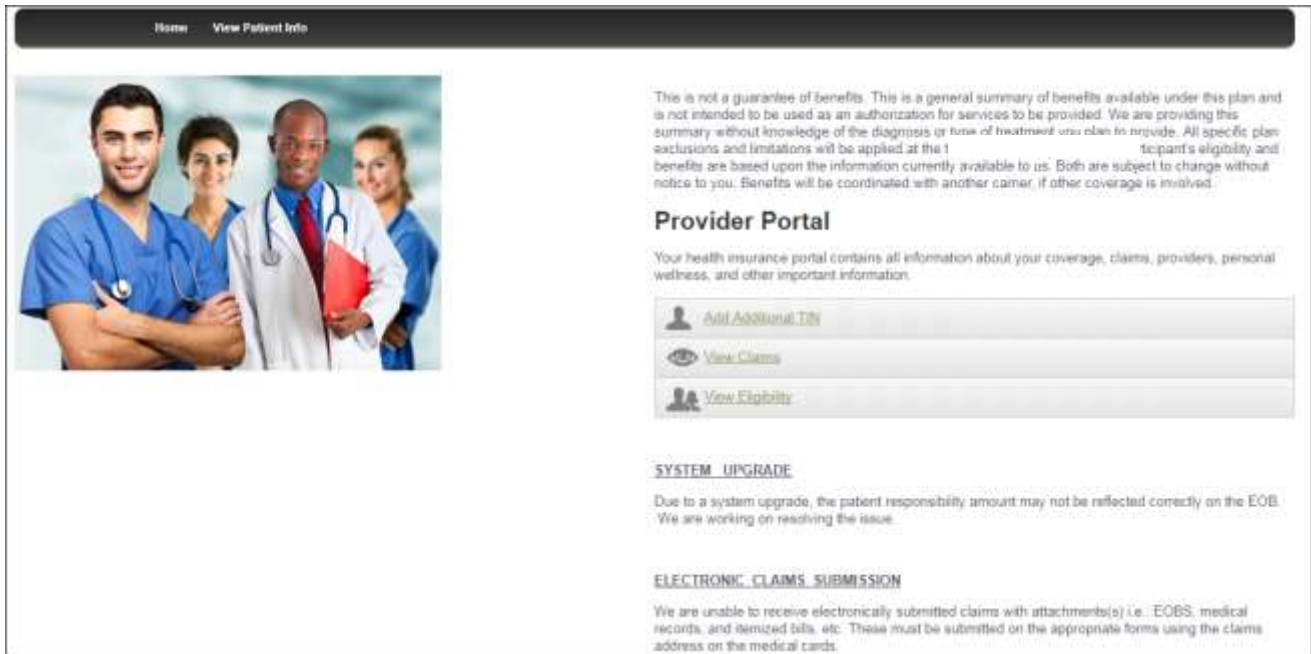
The screenshot shows the BeneSys account creation interface. At the top left is the BeneSys logo. Below it, the text "Step 3 of 4: Account creation" is displayed. The form contains the following fields and controls:

- Username:** A text input field.
- E-mail Address:** A text input field.
- Confirm E-mail Address:** A text input field.
- Password:** A text input field.
- Confirm Password:** A text input field.
- Security Question 1:** A dropdown menu with the option "- Select Question -" and a corresponding text input field for the answer.
- Security Question 2:** A dropdown menu with the option "- Select Question -" and a corresponding text input field for the answer.
- Security Question 3:** A dropdown menu with the option "- Select Question -" and a corresponding text input field for the answer.

At the bottom of the form are three buttons: "Previous", "Next", and "Cancel".

Step 4 of 4:

Verify – Please review the information and make the necessary corrections if needed. Once the information is verified and correct, please click on “Finish”



Once registration is completed, you will be brought to this screen.

To Add Additional TIN –Click to add additional Tax IDs, or click on Profile to update/add provider information.

View Claims - Please click if you would like to View Claims. Please note you will only be able to view claims on the portal that have been finalized. You will also only be able to view claims on file associated with the Tax ID number you registered under. If you would like a copy of the EOB, you will need to click on the claim number.

To search for a Patient: You must enter the Patient’s Last Name, First Name, and Date of Birth (mm/dd/yyyy) ONLY, leaving all other fields blank; **OR** You may enter the Alternate ID # ONLY, leaving all other fields blank **to display the entire family**

HOW TO LOCATE A PATIENT:

- Enter the **Patient's Last Name, First Name, and Date of Birth** (mm/dd/yyyy) only, leaving all other fields blank; **or**
- Enter the Patient's social security number only, leaving all other fields blank; **or**
- Enter the **Member ID** only, leaving all other fields blank.

Member IDs from external vendors cannot be used to locate a patient on this website (i.e., Anthem Blue Cross, Premiera Blue Cross, Cigna, Blue Shield, and Aetna). You must use the Patient's SSN or search by name and date of birth (mm/dd/yyyy).

When you submit your claim for payment, please use the Member ID and claims address on the ID Card.

PLEASE NOTE: MEMBER ID# FOR EXTERNAL VENDORS (i.e. BlueCross/Cigna/BlueShield) cannot be used on this website. However, claims should be submitted with the ID numbers reflected on the Member’s ID cards.

Dental providers that are contracted with the Coastal Dental network must call 1-877-937-6462 for status on claims and pre-authorizations. You may refer to our website when checking eligibility and benefits. To verify if your office is in-network, please visit their website www.wdpmnc.com and click on Find a Dentist.

- The Patient’s Name will appear - Verify Name and Date of Birth and click on the Patient’s Name
- This is the [Eligibility screen and provides Coverage/Effective Date/Termination Date and Accumulators.](#)
- This screen also contains **PLAN DOCUMENTS** for [Medical, Dental and Vision Summary of Benefits](#) which are viewable online to download (click on the document name to open), or you may elect to print them.
- This screen also allows you to submit a question
- In order to submit a question, click on **“Need Help? Ask us a question”**

Sample of Eligibility Screen – Coverage, Effective Date, Termination Date and Claims Accumulator

Name				Date of Birth			
Member ID				Gender			
Address				City	State	Zip	
Plan				Original Effective Date			
Eligibility Periods							
Coverage Name	Effective Date	Termination Date	Plan Code				
MED - MEDICAL	05/01/2010						
DEN - DENTAL	05/01/2010						
VIS - VISION	05/01/2010						
Accumulators							
Name	Type	Plan Year	Current Amount	Maximum			
INDIVIDUAL DEDUCTIBLE MEDICAL IN NTW	Individual						
INDIVIDUAL DEDUCTIBLE MEDICAL OON	Individual						
INDIVIDUAL OUT-OF-POCKET MEDICAL IN NTW	Individual						
INDIVIDUAL OUT-OF-POCKET MEDICAL OON	Individual						
FAMILY DEDUCTIBLE MEDICAL IN NTW	Family						
FAMILY DEDUCTIBLE MEDICAL OON	Family						

Sample of Eligibility Screen – Plan Documents: Medical, Vision, Dental summary of benefits

Need Help? Ask us a Question

Plan Documents

Plan Codes:

P700 Plan Codes

Benefits:

P70CDHP - Consumer Driven Health Plan - Summary of Benefits

P70COMP - Comprehensive Health Plan - Summary of Benefits

P70PRM - Premium Medical Plan - Summary of Benefits

P70PRMP - Premium Plus Medical Plan - Summary of Benefits

P70Delta - Dental Summary of Benefits

P70Vision - Vision Summary of Benefits

Forms:

Injury Request Form

Coordination of Benefits Request Form

W9 Form

Sample of a Medical Summary of Benefits – After viewing the benefit outline, you may return to the previous screen by closing the tab

Ask a Question - If you need additional information that you cannot locate on the Portal, you may click on **“Need Help? Ask us a question”**. It will be sent to a Member Service Representative who will respond to your questions in a prompt manner. Pre-filled fields will appear following this page and it will allow you to add Additional Information/Comments. Inquiries are answered in the order received.

Replies to your Questions - You will receive an email once your Portal question is answered. Please log into the website and click on “Messages” in the upper right corner of the page to view your messages and their responses. You will not be able to respond, however you may initiate another inquiry if you need further information.