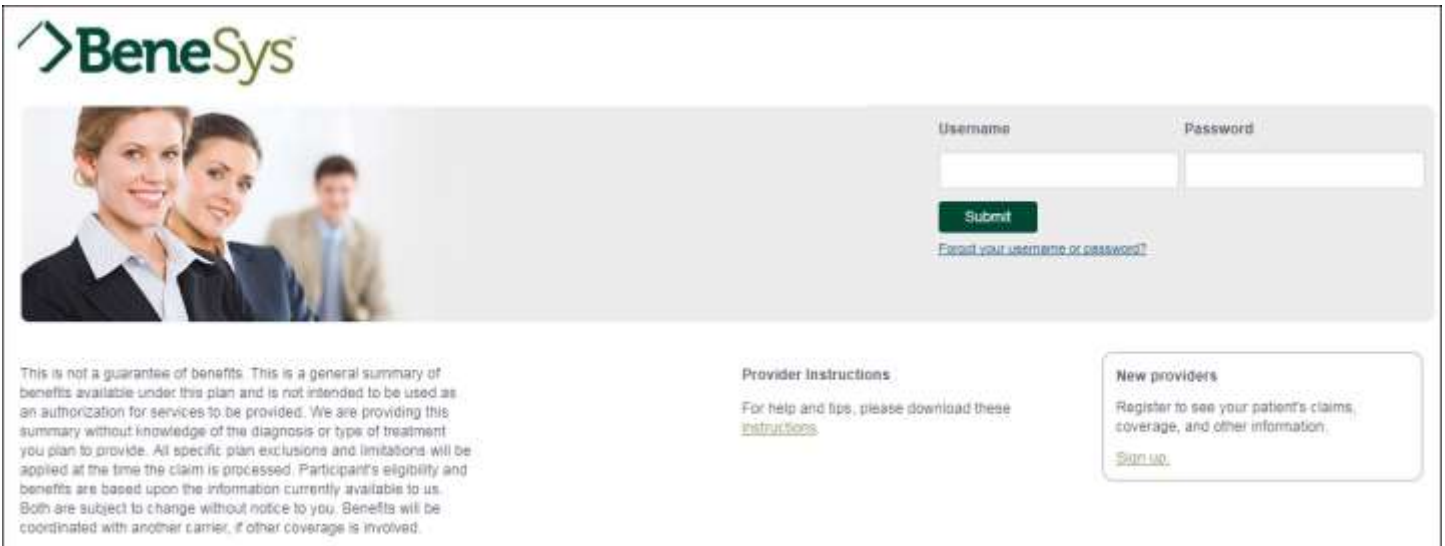


# How to Utilize the Provider Portal

**TO REGISTER:** please go to: [memberbenefitsonline.com](http://memberbenefitsonline.com)

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



This is not a guarantee of benefits. This is a general summary of benefits available under this plan and is not intended to be used as an authorization for services to be provided. We are providing this summary without knowledge of the diagnosis or type of treatment you plan to provide. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice to you. Benefits will be coordinated with another carrier, if other coverage is involved.

**Provider Instructions**  
For help and tips, please download these [instructions](#).

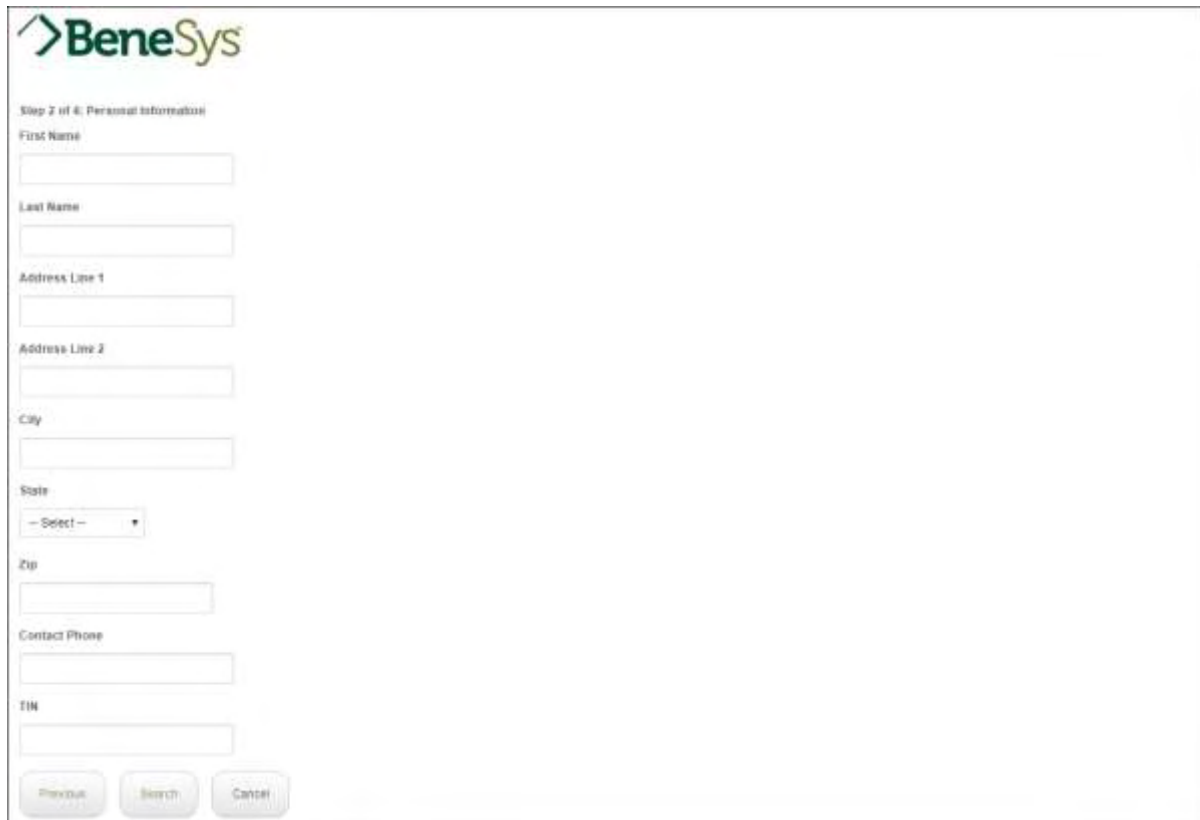
**New providers**  
Register to see your patient's claims, coverage, and other information.  
[Sign up](#)

## **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.



Step 2 of 5: Personal Information

First Name

Last Name

Address Line 1

Address Line 2

City

State  
- Select -

Zip

Contact Phone

TIN

Previous Search Cancel

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

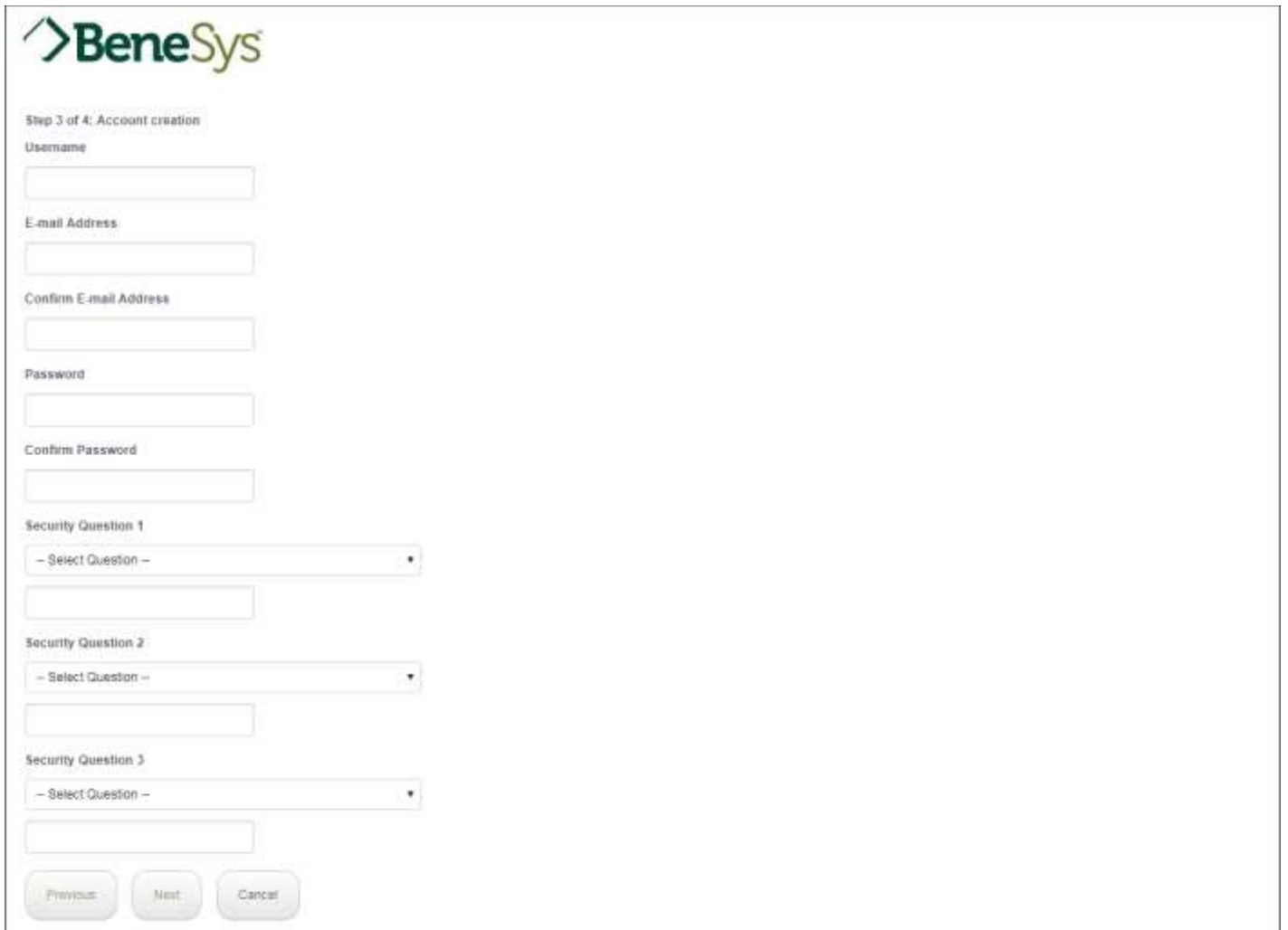
The screenshot shows a dialog box titled "Select Providers". At the top, there are two columns: "Practice Name OR Facility Name" and "Address". Below these columns, there are five buttons: "Add Provider" (highlighted with a red box), "Cancel Search", "Previous", "Search", and "Cancel".

- Add provider and confirm by clicking "Add Providers", Click "Next"

The screenshot shows a dialog box titled "Please Confirm". At the top, there are two columns: "Practice Name OR Facility Name" and "Address". Below these columns, there are two buttons: "Add Providers" (highlighted with a red box) and "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.



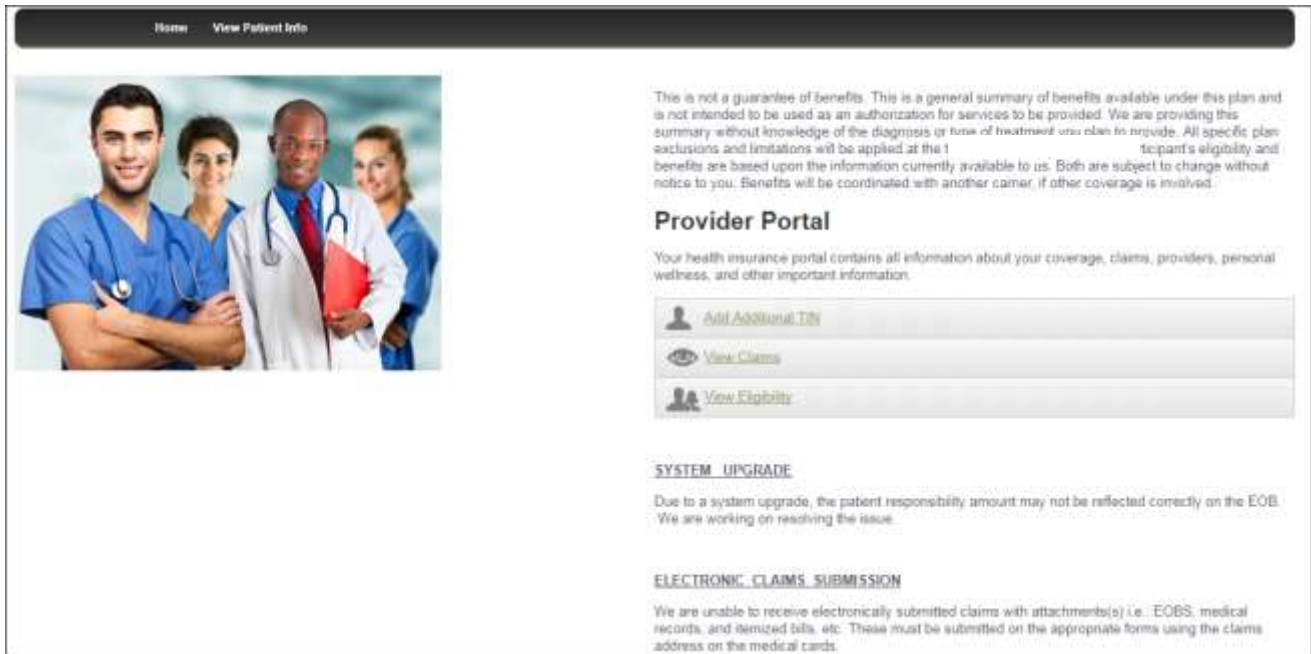
The screenshot shows the BeneSys account creation interface. At the top left is the BeneSys logo. Below it, the text "Step 3 of 4: Account creation" is displayed. The form contains the following fields and controls:

- 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 text "- Select Question -" and a small downward arrow, followed by a text input field for the answer.
- Security Question 2:** A dropdown menu with the text "- Select Question -" and a small downward arrow, followed by a text input field for the answer.
- Security Question 3:** A dropdown menu with the text "- Select Question -" and a small downward arrow, followed by a 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](http://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**

<b>Name</b>				<b>Date of Birth</b>			
<b>Member ID</b>				<b>Gender</b>			
<b>Address</b>				<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Plan</b>				<b>Original Effective Date</b>			
<b>Eligibility Periods</b>							
<b>Coverage Name</b>	<b>Effective Date</b>	<b>Termination Date</b>	<b>Plan Code</b>				
MED - MEDICAL	05/01/2010						
DEN - DENTAL	05/01/2010						
VIS - VISION	05/01/2010						
<b>Accumulators</b>							
<b>Name</b>	<b>Type</b>	<b>Plan Year</b>	<b>Current Amount</b>	<b>Maximum</b>			
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.