

AMA- How to Submit a Claim in the Provider Portal

Introduction

This Job Aid outlines what steps a provider will take to submit a claim through the Provider Portal, using Claims & Encounters.

Step	Action
1.	Log on to the portal using your credentials.
	Availity
	Sign In
	User ID Enter your user ID.
	Password
	Enter your password.
	Sign In
	Forgot your user ID? Forgot your password?
	Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.
2.	Select the appropriate health plan region (health plan state)
	Availity © essentials ← Home Notifications ③ ① My Favorites > Patient Registration > Claims Availity Q Help & Training > Q Patient Registration > Claims A variety > Claims Availity Q Paver Spaces > More > Q
	Notification Center Louisiana
	Providers have submitted Attachments in your work queue. 11/5/2022 2 Go to your work queue to view the submitted attachments. (s) Michigan Nevada vization
	You have Medical Attachment's response(s) in your work queue.

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4. Choose the Organization, Claim Type, Payer and Responsibility Sec	quence									
CE Claims & Encounters	Give Feedback									
INSURANCE COMPANY/BENEFIT PLAN INFORMATION										
Organization Claim Type Payer Response Type to search Type to search Type to search	sibility Sequence 🕜									
5. If Professional claim proceed to step 6										
If Facility claim skip to step 8										
6. Professional Claims: Enter required information for each claim:										
PATIENT INFORMATION										
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* Last Name * First Name Middle Name	Suffix									
Date of Birth Gender Relationship										
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Address 2 2 Country 2 United States	•									
City * State * Zip Code Patient Amount Paid										
Patient is deceased										
Add Ancillary Claim/Treatment Information										

🏨 Add Secondary Insurance Plan		ber 🕜		* Authorized Plan to Remit	Payment to
				rype to search	
BILLING PROVIDER INFORMATION					
Select a Provider 🗃					
* Organization / Last Name 💡	First Name			Middle Name	
* NPI 🕗	* EIN 🕜			* SSN (2)	
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Pay-to address is the same as the billing address Add Contact Information					
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Claim Note Reference Code Type to search	*				

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		Patient Name Test, Test	Date of Birth (MMIDD/YYYY) 05/03/2901	Gender Female	
		Relationship Set	Address 22 Farrow Way Mogical Kingdom, MO 63412		
		BILLING PROVIDER INFORMATION	0100 0000		
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+ Add						
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CE Claims & Encounte	rs					Need Help? <u>Watch</u> Give Feedback	a demo for submitti vaetna
INSURANCE COMPANY / HEALTH PLA	N INFORMATION						
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PATIENT INFORMATION							
Patient Name Test. Test		Date of Birth (MM/D 01/01/1901	(איזימא		Gen	nder	
Relationship Self		Address 22 Farrow Way Magical Kingdom, M United States	O 63412				
BILLING PROVIDER INFORMATION							
Organization Name or Provider's Last 24 HOUR HOME HEALTH LLC Speciality Code	Name	NPI 1235477845 Address			EIN 538	507434	
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NPI 1912383373 Speciatly Code 20700000X		Name A & H FAMILY MED,	P.C.				
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10.	End of Process
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