

# How Do I Search for a Claim?

To quickly view information on a claim's status or processing information, you can search for the individual claim rather than viewing the entire remittance advice.

## To Search by Subscriber ID Number

1. Click the "Search" tab
2. Enter the Subscriber ID, Social Security Number, or Medicaid ID
3. Click the "Search" button
4. Eligibility information is displayed
5. Click on the correct subscribers' name

**selecthealth**  
PROVIDER BENEFIT TOOL

1 Search Remittance Advice FAQ Contact Us User Profile Access Doe, John

*Click Search*

*Click Patient Lookup*

SEARCH Quick Search 2 Patient Lookup Browse Claims

3 LAST NAME FIRST NAME (OPTIONAL) DATE OF BIRTH

800000000 [ ] 12 12 1221

*Enter Last Name & DOB (First Name is Optional)*

Reset Form 4 SEARCH

*Click Search*

5 *Shown below are the Member/Patient eligibility information*

PATIENT NAME					SUBSCRIBER NAME		
Doe, John					Doe, John		
MEMBER ID	SSN	DATE OF BIRTH	GENDER	RELATIONSHIP TO SUBSCRIBER	SUBSCRIBER ID	SSN	PHONE
800000000-00	-----6789	02/02/1992	Male	Spouse	800000000	-----1234	-
Coverage	Plan	Eligibility Period					
Medical	Select Care Plus 500	✓ 01/01/2017 to present					
Dental	Utah Resident 500	✓ 01/01/2017 to present					

PATIENT NAME					SUBSCRIBER NAME		
Doe, Jane					Doe, John		
MEMBER ID	SSN	DATE OF BIRTH	GENDER	RELATIONSHIP TO SUBSCRIBER	SUBSCRIBER ID	SSN	PHONE
700000000-00	-----6789	02/02/1992	Female	Spouse	800000000	-----1234	-
Coverage	Plan	Eligibility Period					
Medical	Select Care Plus 500	✓ 01/01/2017 to present					
Dental	Utah Resident 500	✓ 01/01/2017 to present					

GROUP  
Bogdonavitch & Sons Incorporated

ADDRESS  
123 Lazy Ln, Salt Lake City, UT 84123

6. Click on the applicable claim

## Doe, John / 800000000-00

Print

### Patient Information

PATIENT NAME  
Doe, John

MEMBER ID  
800000000-00

RELATIONSHIP TO SUBSCRIBER  
Spouse

DATE OF BIRTH  
02/02/1992

GENDER  
Male

SSN  
-----6789

### Subscriber Information

SUBSCRIBER NAME  
Doe, John

SUBSCRIBER ID  
800000000

GROUP  
Bogdonavitch & Sons Incorporated

ADDRESS  
123 Lazy Ln  
Salt Lake City, UT 84123

PHONE  
801-888-888

SSN  
----1234

### Policy Summary

COVERAGE	PLAN	ELIGIBILITY PERIOD	HISTORY
Medical	Select Care Plus 500	✓ 01/01/2017 to present	<a href="#">VIEW</a>
Dental	Utah Resident 500	✓ 01/01/2017 to present	<a href="#">VIEW</a>

### Patient Claims

All Providers

Claim ID	Patient Name / ID	Status	Service Dates	Service Provider	Amount	Remittance Advice
123456123456	Doe, John / 800000000-00	Completed 06/25/2017	01/01/2017 - 01/01/2017	Doe, John	\$1000.00	<a href="#">2017010112345678</a>

Claim will be displayed

## MEDICAL CLAIM / A30C0380

Print

### Claim #:123456123456

PATIENT NAME  
Doe, John

PATIENT ID  
800000000-00

SUBSCRIBER NAME  
Doe, John

SUBSCRIBER ID  
800000000

DATES OF SERVICE  
2017-01-01 - 2017-01-01

RECEIVED  
2017-02-14

GROUP  
Doe, John

PLAN  
Select Care Plus 500

STATUS  
Completed 06/25/2017

REMITTANCE ADVICE  
[2017010112345678](#)

#	Code	Description	Units	Total Charged	Allowed	Plan Paid	Copay	Deductible	Coinsurance	Remarks Code
1	99213	Code explanation	1	\$75.00	\$72.00	\$55.00	\$25.00	\$0.00	\$0.00	YR6, YQ7

**TOTALS: \$75.00 \$72.00 \$55.00 \$25.00 \$0.00 \$0.00**

## To Search Using the Claim Number (ID)

1. Click on the “Search” tab
2. Enter the 12-digit Claim ID
3. Click the “Search” button
  - > A high-level summary of the claim will be displayed

The screenshot shows the SelectHealth Provider Benefit Tool interface. At the top, there is a navigation bar with the SelectHealth logo, a 'Search' tab (circled 1), and links for 'Remittance Advice', 'FAQ', 'Contact Us', and 'User Profile Access'. A user profile 'Doe, John' is visible in the top right. Below the navigation bar, there is a 'Click Search' prompt. The main content area features a search form with tabs for 'SEARCH', 'Quick Search', 'Patient Lookup', and 'Browse Claims'. The 'SEARCH' tab is active. Below the tabs, there is a search instruction: 'Search for Patients, Claims or Remittance Advice using any form of numeric ID (Subscriber ID, Claim ID, Check Reference ID, SSN, Medicaid)'. The search form has a field for 'ID NUMBER' (circled 2) containing '123456123456' and a 'SEARCH' button (circled 3). Below the search form, there is a 'Claims (1)' section with a table of results.

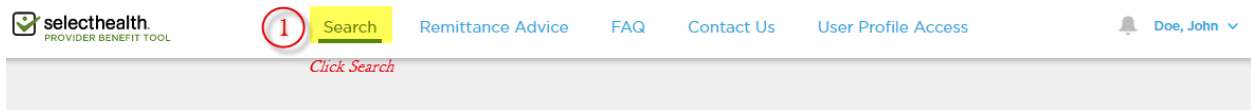
Claim ID	Patient Name / ID	Status	Service Dates	Service Provider	Amount	Remittance Advice
123456123456	Doe, John / 800000000-00	Completed 06/25/2017	01/01/2017 - 01/01/2017	Doe, John	\$1000.00	2017010112345678

## To Search Using the Member’s Name and Date of Birth

1. Click the “Search” tab
2. Click “Patient Lookup”
3. Enter the patient’s last name and date of birth (both fields are required)
4. Click the “Search” button

The screenshot shows the SelectHealth Provider Benefit Tool interface. At the top, there is a navigation bar with the SelectHealth logo, a 'Search' tab (circled 1), and links for 'Remittance Advice', 'FAQ', 'Contact Us', and 'User Profile Access'. A user profile 'Doe, John' is visible in the top right. Below the navigation bar, there is a 'Click Search' prompt. The main content area features a search form with tabs for 'SEARCH', 'Quick Search', 'Patient Lookup', and 'Browse Claims'. The 'Patient Lookup' tab is active (circled 2). Below the tabs, there is a search instruction: 'Click Patient Lookup'. The search form has fields for 'LAST NAME' (circled 3) containing 'Doe', 'FIRST NAME (OPTIONAL)' containing 'John', and 'DATE OF BIRTH' containing '02/02/1992'. Below the search form, there is a 'Reset Form' button and a 'SEARCH' button (circled 4). Below the search form, there is a 'Click Search' prompt.

- > All eligible members on the subscriber's policy will be displayed.
5. Click on the correct patient's name



*Click Patient Lookup*

**SEARCH**    Quick Search    **2 Patient Lookup**    Browse Claims

LAST NAME    FIRST NAME (OPTIONAL)    DATE OF BIRTH

**3** 800000000       12    12    1221

*Enter Last Name & DOB (First Name is Optional)*

Reset Form    **4** SEARCH    *Click Search*

**5** *Shown below are the Member/Patient eligibility information*

<b>PATIENT NAME</b> <b>Doe, John</b>					<b>SUBSCRIBER NAME</b> <b>Doe, John</b>		
MEMBER ID	SSN	DATE OF BIRTH	GENDER	RELATIONSHIP TO SUBSCRIBER	SUBSCRIBER ID	SSN	PHONE
800000000-00	-----6789	02/02/1992	Male	Spouse	800000000	-----1234	-
Coverage	Plan	Eligibility Period					
Medical	Select Care Plus 500	✓ 01/01/2017 to present					
Dental	Utah Resident 500	✓ 01/01/2017 to present					
					GROUP	Bogdonavitch & Sons Incorporated	
					ADDRESS	123 Lazy Ln, Salt Lake City, UT 84123	

<b>PATIENT NAME</b> <b>Doe, Jane</b>					<b>SUBSCRIBER NAME</b> <b>Doe, John</b>		
MEMBER ID	SSN	DATE OF BIRTH	GENDER	RELATIONSHIP TO SUBSCRIBER	SUBSCRIBER ID	SSN	PHONE
700000000-00	-----6789	02/02/1992	Female	Spouse	800000000	-----1234	-
Coverage	Plan	Eligibility Period					
Medical	Select Care Plus 500	✓ 01/01/2017 to present					
Dental	Utah Resident 500	✓ 01/01/2017 to present					
					GROUP	Bogdonavitch & Sons Incorporated	
					ADDRESS	123 Lazy Ln, Salt Lake City, UT 84123	

- > A summary of the patient's claims for your provider or clinic will be displayed.
6. Click on the applicable claim

1

[Search](#)

[Remittance Advice](#)

[FAQ](#)

[Contact Us](#)

[User Profile Access](#)

Doe, John

*Click Search*

**SEARCH**   [Quick Search](#)   [Patient Lookup](#)   [Browse Claims](#)

*\*User can search for claims back dated to 6 months in the past*

DATES OF SERVICE TO  PROVIDER/FACILITY  Click Browse Claims

CLAIM TYPE  Enter Date Range (From & To) STATUS  [Reset Form](#)  Click Search

**Claims (1)**

Claim ID	Patient Name / ID	Status	Service Dates	Service Provider	Amount	Remittance Advice
123456123456	Doe, John / 800000000-00	Completed 06/25/2017	01/01/2017 - 01/01/2017	Doe, John	\$1000.00	2017010112345678

*Click to View Claim Details*

*Click to View Patient Details*

*Click to View RA Details*

> Claim details will be displayed.

**selecthealth**   [Search](#)   [Remittance Advice](#)   [FAQ](#)   [Contact Us](#)   [User Profile Access](#)   Doe, John

Doe, John   x   C - 123456123456   x   New Tab

### MEDICAL CLAIM / A30C0380

[Print](#)

**Claim #:123456123456**

<small>PATIENT NAME</small> Doe, John	<small>PATIENT ID</small> 800000000-00	<small>SUBSCRIBER NAME</small> Doe, John	<small>SUBSCRIBER ID</small> 800000000
<small>DATES OF SERVICE</small> 2017-01-01 - 2017-01-01	<small>RECEIVED</small> 2017-02-14	<small>GROUP</small> Doe, John	<small>PLAN</small> <a href="#">Select Care Plus 500</a>
<small>STATUS</small> Completed 06/25/2017	<small>REMITTANCE ADVICE</small> <a href="#">2017010112345678</a>		

#	Code	Description	Units	Total Charged	Allowed	Plan Paid	Copay	Deductible	Coinsurance	Remarks Code
1	99213	Code explanation	1	\$75.00	\$72.00	\$55.00	\$25.00	\$0.00	\$0.00	YR6, YQ7
<b>TOTALS:</b>				<b>\$75.00</b>	<b>\$72.00</b>	<b>\$55.00</b>	<b>\$25.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	